CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

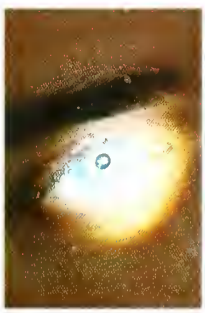
15 August 1998

Avon HA tightens needle exchange

Welsh Office wobbles on neighbourhood ruling

RPSGB clarifies new structure at Lambeth

Update: a proper perspective on glaucoma



Drop in at the new local in Weymouth

Asda plans network of 50 'micro pharmacies'

AAH restructures its marketing division

Online at http://www.dotpharmacy.com/

New Pack Graphics

- Distinctive and impactful new look for Migraleve™ 12's and 24's
- Clearer front-of-pack claims
- Guaranteed extra sales

£1.5m Support Package

- Powerful consumer press campaign
- Intensive public relations programme
- New in-store point of sale package

Paracetamol Legislation

- Migraleve 48's are converting to POM with separate distinctive pack graphics
- All Migraleve packs now feature new legal warnings

Migraleve™ Abbreviated Product Information. Migraleve Tablets. Indications: For treatment of migraine attacks which can include the symptoms of migraine headache, nausea and vomiting. **Presentation: Migraleve Pink** - pink tablets each containing Buclizine Hydrochloride BP 6.25mg, Paracetamol DC 96% 520mg equivalent to Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg. **Migraleve Yellow** - yellow tablets each containing Paracetamol DC 96% 520mg equivalent to Paracetamol PhEur 500mg, Codeine Phosphate PhEur 8mg. **Dosage and administration:** *Adults: Treatment:* Two Migraleve Pink tablets immediately it is known that a migraine attack has started or is imminent. If symptoms persist, two Migraleve Yellow tablets every four hours. Maximum eight tablets (two Migraleve Pink and six Migraleve Yellow) in 24 hours. *Children 10-14 years:* One Migraleve Pink initially. If required one Migraleve Yellow every four hours. Maximum four tablets (one Migraleve Pink and three Migraleve Yellow) in 24 hours. Not for administration to children under 10 except under medical supervision. *Elderly (over 65 years):* As for adults. **Contra-indications, warnings, etc:** *Contra-indications:* Hypersensitivity to any of the ingredients. *Precautions:* Patients suffering from high blood pressure should be treated for this condition independently. Because of the possibility of drowsiness, consideration should be given to patients involved in hazardous occupations. Avoid alcoholic drink. Migraleve should be used with caution in patients with liver or kidney dysfunction. Migraine should medically diagnosed. Migraleve should not be taken with prescribed medicines or for extended periods without the advice of doctor. *Side-effects:* Rarely, allergic reactions such as skin rashes, hives or itching (paracetamol), constipation (codei phosphate) or drowsiness (buclizine hydrochloride). *Use in pregnancy:* Whilst there are no specific reasons for contra-indicati Migraleve during pregnancy, as with all drugs, it is recommended that Migraleve be used with caution in pregnancy. Migrale is not contra-indicated in breast-feeding mothers. *Treatment of overdosage:* As for paracetamol (i.v. acetylcysteine) and codei (injection of naloxone). **Package quantities and Price: Trade** Migraleve: 12 - £2.22; 24 - £3.91. Migraleve Pink: 1 £2.31; 24 - £4.31.Migraleve Yellow: 12 - £1.99; 24 - £3.42. **Basic NHS Price:** Migraleve: 48 - £5.10; Migraleve Pink: 4 £5.56; Migraleve Yellow: 48 - £4 70. **Legal category:** P (12s, 24s); POM (48s). **Product Licence Numbers:** Migraleve PL 01906/0028; Migraleve Pink - PL 01906/0026; Migraleve Yellow - PL 01906/0027. **Marketing Authorisation Holde** Pfizer Consumer Healthcare, Alton, Hampshire GU34 2TJ. **Date of preparation:** August 1998. Further information availa from: Pfizer Consumer Healthcare, Wilsom Road, Alton, Hampshire, GU34 2TJ.

Pfizer Consumer Healthcare
Wilsom Road, Alton, Hampshire GU34 2TJ

Migraleve™

Pfizer Consumer Healthcare

COMMENT

The midweek news bulletins featured stories about a MAFF investigation into a possible link between milk and Crohn's Disease, and a survey by *Health Which?* which showed that 15 per cent of people are inappropriately prescribed antibiotics. Both highlight the interest consumers have in health matters. The Government talks of encouraging patients to take more responsibility for their own health, and pharmacists promote themselves as the experts on medicines, both to professional colleagues and the public. It might, therefore, appear as something of an anomaly that European law prohibits drug companies from promoting prescription drugs direct to the public. A decade ago it required a degree of effort by the lay public to find out about prescription medicines. Now consumer guides are available in bookshops and numerous web sites offer a wealth of clinical information. Through the Internet, well targeted PR and discreet support for various patient groups, the pharmaceutical industry in Europe has successfully worked out ways to get around the ban where it wants to. There is increasing pressure from the industry to change the rules. However, the prospect of a hard sell, American style, grates (TV advertising for POMs has been allowed in the USA since 1997). As the campaign to retain RPM on OTC medicines has repeatedly pointed out, medicines are not the same as baked beans. The sick will all too easily overlook the small print in the hope of rapid relief. And how susceptible will GPs be to pressure from patients to prescribe the latest blockbuster? It seems inevitable that more information about medicines will be demanded by consumers. Should industry and regulators be formulating an acceptable approach before the existing regulations become meaningless? As OTC manufacturers have realised when promoting to the trade, information about diseases and alternative treatments can build credibility just as well as single-mindedly pushing a single product.

CHEMIST & DRUGGIST

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Published Saturdays by
Miller Freeman UK Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW
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E-Mail: chemdrug@dotpharmacy.com
Internet site:
http://www.dotpharmacy.com/

Subscriptions: Home £127 per annum
Overseas & Eire: £182 per annum including postage.
£2 40 per copy (postage extra).

Circulation and subscription: Marlowe House, 109 Station Road, Sidcup, Kent DA15 7ET. Tel: 0181 309 7000

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.

The editorial photos used are courtesy of the suppliers whose products they feature.

Miller Freeman
A United News & Media publication

PPA

ABC
AUDIT BUREAU OF CIRCULATIONS
BUSINESS PRESS

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 250 No 6150 138th YEAR OF PUBLICATION ISSN 0009-3033

REGULARS

Avon limits needle purchases

Drug misusers in Avon will be restricted to one free bag of needles and syringes per week following a recent upsurge in heroin use in the area.

Clients will be issued with a punch card which will allow them one pack of 20 1ml syringes per week, a burns bin and a pack of sterile wipes. Pharmacists will punch a hole in the card for each of the coded 13 weeks to prevent the client from visiting further pharmacies. A new card colour will be introduced every 13 weeks which could help prevent pushers from giving clean 'works' to new heroin users.

Clients requiring further works, or itinerants, will have to pay for further supplies if the provision for three 'fixes' a day is insufficient.

Local pharmaceutical committee secretary Alaster Rutherford says the problem has come about in the past two months, partly because of the increase in low-price street heroin.

But the introduction of the Code of Ethics obligation 1.26, which says any pharmacy selling works has to provide a suitable disposal service too, means pharmacists not in a needle exchange scheme have stopped selling needles, putting even more pressure on the scheme.

The new system comes into effect from September 1.

Concern has been expressed that participating pharmacists may face problems trying to explain the new situation to clients. However, a poster has also been sent to the local offices of the *Big Issue* so that sellers of the magazine are aware of the restrictions and may be more prepared to accept the message.

Mr Rutherford says most contractors are happy with the arrangements. "The new one-pack rule will enable us to give a core service to more clients, but some pharmacists will face problems with existing users who may react angrily," he said. "This is the hard reality of community pharmacy in 1998, which should be remembered by the DoH when allocating resources.

"It would be better if the HA could find more money, but we have to be realistic."

The Avon scheme saw over 330,000 syringes distributed through pharmacies in the year to the end of March 1998.

Avon LPC syringe disposal deal

Avon pharmacists will soon be able to offer an *ad hoc* needle exchange service, complying with the Code of Ethics regarding the need to have appropriate collection facilities.

The move follows an agreement between the Local Pharmaceutical Committee and ICP, the agency handling the Health Authority's needle and syringe exchange scheme. Pharmacists will be able to purchase two sharps collecting bins and ten 0.6l personal collecting bins for £23.50 (including VAT). This covers supply, collection and disposal by incineration. Pharmacies will also receive 'Please return' stickers and leaflets stressing the need to dispose of used works correctly.

The scheme is being piloted exclusively in Avon until the end of March 1999. It has come about following a decline in the number of pharmacies prepared to sell needles and syringes after the Royal Pharmaceutical Society introduced obligation 1.26 to the Code of Ethics. This says that pharmacists not ordinarily participating in exchange schemes may be asked to sell works. "Needles and syringes may be sold in these circumstances, but pharmacies making such supplies should have properly designed sharps containers on the premises to facilitate the disposal of used injecting equipment."

LPC secretary Alaster Rutherford believes that the scheme should pay for itself if pharmacists charge realistic prices. "We are fairly confident people will buy into the scheme, but it is important they incorporate it into their pricing structure, if the Society expects us to dispose of it."

Mr Rutherford points out that pharmacists could not simply take used works to a central collection point, such as a nearby surgery, for disposal, as this contravenes health and safety rules.

Pharmacists set up Teesside primary care support group

Teesside pharmacists have set up a group to support and develop primary care pharmacy practice in the area.

Tees Primary Care Pharmacists Group is open to all pharmacists with an interest in primary care working or living within the Tees area. Pharmacists need not actually be working in primary care to be members.

It aims to promote pharmaceutical care "by mutual care and co-operation between individual practitioners". While it is an independent body it hopes to work alongside established agencies to promote pharmacy practice in primary care. It will also promote pharmacy to the area's PCGs.

A general meeting will be held on September 9 in Middlesbrough. Further details are available from Dr Holden on 01429 266651 ext 2953.

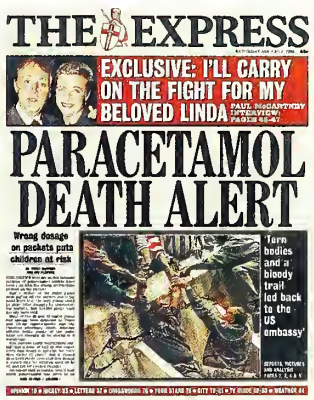
Paracetamol recall issued

Packets of paracetamol were recalled last Thursday, following the discovery of incorrect dosage instructions on certain packs. The news was not carried in the national media until Saturday morning.

The Class 1 alert was issued after it was found manufacturer Wallis Laboratories had labelled the packs in the Tesco, Unichem and Co-op livery: "Children under 12 years 1/2 to 1 caplet every four hours". It should state that this dose is for children aged six to 12 years only, and that there should be a maximum dose of four tablets in 24 hours. Packs affected are Paracetamol Caplets 500mg, 16s and 32s, with expiry date prior to July 2001 (EXP JULY '01).

Explanatory advertisements were placed in the national press on Saturday morning. *The Express* newspaper carried banner headlines last Saturday highlighting the issue. It reported that half a million packs had been removed from shelves, but an estimated 250,000 packs had been sold already.

Last year, a batch of paracetamol tablets from Wallis Laboratories was recalled because some containers had mould contamination (*C&D* June 21, 1997, p6).


THE EXPRESS

EXCLUSIVE: I'LL CARRY ON THE FIGHT FOR MY BELOVED LINDA

PARACETAMOL DEATH ALERT

Wrong dosage on packets puts children at risk

'Torn bodies and a bloody trail led back to the US embassy'

The front page from last Saturday's *Express*

Lifescan offers diabetes education network

A free diabetes education initiative for pharmacists was unveiled on Monday.

'The Diabetes Pharmacy Education Network' is supported by Johnson & Johnson's Lifescan and aims to help pharmacists control diabetes more effectively. The Network uses a modular learning system which has College of Pharmacy Practice accreditation, says Lifescan.

There are plans for nine modules, to be issued every two to three months. It is hoped that the network will grow beyond the modules so that pharmacists can meet. Enrolled pharmacists can use the DPEN secretariat to make further diabetes enquiries.

Former Society Council member Gill Hawksworth is on the committee that helped develop the initiative and is compiling the modules. She says the Network responds to the fourth St Vincent Declaration Action Programme formed in Lisbon in 1997, which highlighted the need for pharmacists to become involved in diabetes management. To contact the Diabetes Pharmacy Education Network Secretariat, tel 0800 121200.

The Diabetes Pharmacy Education Network steering committee comprises (from left): Enfield & Haringey HA pharmacy audit facilitator Terry Reid; CPPE tutor Gill Hawksworth; Primary Care Diabetes UK committee member Dr Eugene Hughes; head of diabetes care services at the British Diabetic Association Simon O'Neill, and chairman of the RCN diabetes nursing forum Rosemary Walker

GPs may be unaware of analgesic pack changes

The National Pharmaceutical Association has raised concern that GPs may be unaware of the forthcoming changes in paracetamol and aspirin pack sizes.

Stock levels of 100-count packs of the analgesics have been selling out in advance of the introduction of new 32-count Pharmacy packs. Customers unwilling to pay for several packs of 32s when requesting 100 have been referred to their doctor for a prescription. Over the past week, NPA members have been contacting NPA information services saying that doctors have refused to issue prescriptions for larger quantities, apparently unaware of the changes.

NPA head of public affairs Veronica Wray said at least one doctors' magazine she had spoken to had no idea of the changes. "In an area where you have got pharmacists communicating well with their GPs, it is not going to be a problem, but in larger areas where the rapport is not as good, there may be problems," she said.

A British Medical Association spokeswoman said that as it was a clinical issue, the Association would not have anything to say on the matter.

Superdrug to challenge control of entry regulations?

Superdrug has not denied a newspaper report claiming it is to challenge the control of entry regulations for pharmacies.

Last Sunday's *Observer* said that Kingfisher, Superdrug's parent company, was weighing up "plans for a major drive to dismantle the regulations".

On Tuesday, Superdrug issued a statement from its pharmacy general manager, Barry Simner: "Although the piece in Sunday's *Observer* contains a couple of inaccuracies, we do believe that the current regime fails consumers and patients.

"The world has moved on since 1987, and existing legislation does not allow for changes in customer demand."

The *Observer* article suggested that the company was seeking to obtain pharmacy contracts for more of its 700 stores, but was being prevented as "regulations are being exploited by rivals such as Boots". It claims that Boots is lengthening the appeal process to grant the contracts.

Doctors deny 'cavalier' antibiotic prescribing

Doctors have reacted to criticism that they over-prescribe antibiotics, following a Consumer Association survey which says antibiotics are prescribed inappropriately for 15 per cent of patients.

Dr George Rae, chairman of the British Medical Association's GP prescribing sub-committee, agreed there is some degree of over-prescribing of antibiotics. "But in no way can the medical profession remotely be accused of prescribing antibiotics in a cavalier fashion."

The CA report, published in this month's *Health Which?*, found of nearly 2,000 respondents prescribed antibiotics in the past two years, over two-thirds had had a cold, sore throat or flu in that time. Of the third of these who had been to the GP about one of these illnesses, 77 per cent had been prescribed antibiotics at least once. "This suggests that over 15 per cent of people in England, Scotland, and Wales are inappropriately prescribed antibiotics," says the article.

The survey found that 91 per cent of respondents were aware of the problem of antibiotic resistance. Four fifths knew that nothing can cure a cold or flu and that antibiotics work better if they are not taken too often, says *Health Which?*.

Editor Charlotte Gann believes any public information will be undermined unless GPs clamp down on prescribing.

"Prescribing them for viral illnesses can confuse patients and raise expectations for antibiotic treatment in the future," she says.

Tridestra recall

Orion Pharma is recalling all batches of its Tridestra Tablets due to a packaging defect. the Class 3 warning was issued last Thursday by the Medicines Control Agency. Orion can be contacted on 01635 520300.

... and chlorpropamide

Sussex Pharmaceutical Ltd, as manufacturer and PL holder, is recalling batches of Chlorpropamide Tablets BP 100mg in its and APS Berk's livery, due to unacceptable weight variations. Batches affected in the Class 3 alert are in the APS Berk livery batch numbers 27712A (500 tablets) and 27712C (100 tablets), and in the Sussex Pharmaceutical livery BN 27712B, (100 tablets). All three batches have an expiry date of June 2001.

Tesco gains concession

Supermarket giant Tesco has won a vital round in its long-running battle for the right to open a pharmacy in its new Neath Abbey superstore.

Tesco's attempts to open the pharmacy have been objected to every inch of the way by the owners of several local pharmacies, as well as dispensing doctors, as a serious threat to the viability of their own businesses.

Devon-based pharmacy consultants, Grandadvise Ltd, first applied to open the superstore pharmacy with Tesco's support in June 1996 but were twice turned down by the Iechyd Morgannwg Family Health Service Authority (FHSA) and finally by Secretary of State for Wales, Ron Davies, in October last year.

Mr Davies agreed with the FHSA that a pharmacy in the superstore was neither "necessary nor desirable" as the neighbourhood was already adequately served by existing outlets, in particular two pharmacies in Skeven, about a mile away from the Tesco store.

But last Wednesday, in London's High Court, Mr Justice Popplewell announced that Mr Davies, "having considered the matter further", now conceded his decision could not be allowed to stand and would reconsider the case as a matter of urgency.

The Welsh Office conceded that "insufficient consideration" had been given to the needs of the "transient population" which visits the superstore from a wide area, as opposed to those who live in the neighbourhood.

Tesco and Grandadvise argued that the superstore – visited by an estimated 20,000 shoppers each week – should be considered "a neighbourhood in its own right" worthy of its own pharmacy. The companies had sought judicial review of Mr Davies' decision, but the judge's announcement means they have won their case without a fight.

Mr Justice Popplewell said the Welsh Office had also agreed to pay the action's legal costs.

Disciplinary changes on the way

The Royal Pharmaceutical Society Council is seeking primary legislation to allow it to introduce a new disciplinary system for pharmacists.

The move follows strong support from the profession for a new approach after a consultation exercise. Only two policy issues were raised – whether the chairman need always be legally qualified and whether the time limit for appeals should be longer than 28 days.

Consultation is continuing as the Department of Health has suggested other bodies, such as the Trades Union Congress and the Confederation of British Industry, should be consulted.

Secretary and registrar John Ferguson pointed out that swift action is needed if parliamentary time is to be given to promote the changes.

Welsh Executive The Society's Welsh Executive is to have a paid part-time secretary with administrative support, based in a permanent office in Wales. The decision reflects the forthcoming establishment of the Welsh National Assembly.

The cost of the premises' purchase will be charged to the Executive's budget over ten years. Some of the cost could be balanced by freeing up resources at the Society's Lambeth HQ.

Expenses Council Expenses and allowances were £329,137 in 1995, £339,500 in 1996, £375,852 in 1997 and £190,494 in the first six months of 1998. These figures were provided in a written answer to Andrew Burr, who was told the new system for reimbursement would include a substantially increased attendance fee. This will require Privy Council approval and an amended bylaw, so is unlikely to be in place before spring, 1999.

Clinical governance The Society, NPA and PSNC are to make a joint response to the Government consultation paper on clinical governance, 'A first class service – quality in the new NHS'.

The response will welcome the formation of the National Institute for Clinical Excellence and offer to share with it the profession's expertise in clinical audit.

Registration of EU pharmacists in the UK Council is to seek a change in the bylaws which will mean that pharmacists from the European Economic Area, who do not have an automatic right to register in the UK, would not necessarily be have to sit a registration exam.

The European Commission says that an individual's qualifications and experience have to be considered and discretion exercised as to whether any further study or practice experience is required before they can practise in the host country. The amendment would give the Society flexibility in deciding whether an exam was necessary.

Lewis resigns Anne Lewis has resigned from Council after ten years in view of her impending appointment as secretary and registrar.

Retention fees

The Society is looking to reduce from 65 to 60 years the age at which the concessionary retention fee is payable by members who are not gainfully employed. To compensate for the loss of fee income, a £1 increase is being sought in other retention fees on top of a general increase of 3 per cent. The proposed fees for 1999 are:

Members: Full fee £134
Part time £76
Aged 60 and over, not employed £18
Overseas £18

Premises: Retention £87
Registration £135

Pre-registration: Fee £77
Exam fee £75, resit £47

Community pharmacy research

A report of research into the public's use of community pharmacies as a primary health care resource is to be published. The Society is contributing £30,000 towards a second phase of the work.

The report has been produced for the Joint Community Pharmacy Research Consortium by the school of pharmacy at the University of Manchester and the National Primary Care Research and Development Centre.

Dr Sue Ambler, the Society's head of practice research, said it was a high quality piece of research which set safe baselines from which to proceed. It could be used to map out areas of practice, highlight issues for change and identify development opportunities. The study showed that experience of minor ailments was common and that a significant proportion of minor illness presented in general practice.

The use of pharmacies was high, with proxy visits common. Pharmacies were used predominantly for the supply of products and rarely to request advice about symptoms. People were more likely to seek advice about the use of prescribed medicines.

Dr Ambler said what was not known was how GPs managed minor ailments, and the cost of extending pharmacy services. The second phase of the project would compare the demand for GP and pharmacy consultations for a range of minor ailments and test innovative pharmacy-based services.

Society 'clarifies' management set-up

The Royal Pharmaceutical Society has clarified the positions of the *Pharmaceutical Journal*'s editor and the Society's chief scientist following criticism that the posts were being undermined.

PJ editor Douglas Simpson will continue to have editorial freedom, "with Council delegating to the editor total responsibility for [the *Journal's*] content". He will report directly to the secretary and registrar. He may also attend all management meetings although he will not be able to vote.

Professor Tony Moffat, formerly pharmaceutical sciences department director, is given the title of chief scientist, but will report to the director of professional development. Prof Moffat will continue to have responsibility for the medicines testing laboratory and pharmaceutics advice.

The Society's statement on the positions of Mr Simpson and Prof Moffat follows consideration by Council of views expressed at the Society's annual general meeting in May (*C&D* May 23, p23).

Concern had been raised that Mr Simpson's post would be compromised as he would have to report to the director of publications in the Society's new working structure. A former editor of the *PJ*, Robert Blythe, spoke out about the proposals at the Society's annual general meeting this year, saying he believed the proposed structure would 'sideline' the editor.

A motion was carried at the AGM which said " ... that the Council should rethink its senior management structure plan which places day to day control of the Society in the hands of a majority of non-pharmacists".

The statement also says that new secretary and registrar Ann Lewis will review the organisational structure six months after taking up her post, and may make recommendations for changes.

Guidance issued on pharmacists' role in primary care groups

There will be about 480 primary care groups, the Department of Health has announced.

Most of the proposals for the boundaries of the PCGs have been accepted, with only 5 per cent remaining to be settled. It is expected these will be confirmed by the end of August.

The PCGs cover populations of between 50,000 and 220,000, but the "vast majority" are closer to the typical size of 100,000. They will operate in shadow form until coming into full operation in April 1999 when GP fundholding ends.

Guidance issued this week on the role community pharmacists can play says that pharmacies are the first port of call for many patients for advice on minor ailments, and increasingly for advice on healthy lifestyle.

PCGs will not have a direct role in pharmacy services based on the national contract, "but this by no means exhausts the contribution community pharmacies can make".

The guidance suggests PCGs should consider service agreements in the following areas:

- as a source of advice on cost-effective prescribing
- to extend local NHS services, which may involve a structured role for pharmacists in medicines management, eg medication review, domiciliary visiting, adherence counselling
- using pharmacies in local health promotion campaigns, in addition to long-standing arrangements such as needle and syringe exchange schemes.

DoH announces 15 new HAZs for 1999

The next wave of Health Action Zones has been announced. The 15 new areas will take the number of HAZs to 26.

The following 11 HAZs will commence on April 1, 1999: Wakefield, Hull & East Riding, Leeds, Merseyside, Bury & Rochdale, Walsall, North Staffs, Sheffield, Leicester City, Brent, and Camden & Islington.

A further four – Teesside, Wolverhampton, Nottingham and Cornwall – still need to demonstrate that they have a satisfactory action programme, although all four have been approved in principle.

A further £15 million is being provided to set them up. The new HAZs will cover seven million people

Topical Reflections

Expanding my diagnostic services

I am always looking for ways to expand my business, so I was particularly interested in last week's feature on diagnostics (*C&D* August 8, p22). I already offer a pregnancy testing service, sell home use pregnancy and cholesterol tests and offer a blood pressure service, but here my interest stops because I feel nervous of the cost of expanding into other in-house diagnostic services.

Having read the *C&D* feature, I am unsure if I wish to become involved in direct testing, but a range of home tests capable of screening for a variety of early warnings and 'send away' tests for more complex analyses could provide worthwhile new business.

I have decided to expand my range to include Kent Pharmaceuticals' Health Check tests and to contact the Pathology Management Company. I would like to provide osteoporosis risk assessment, and I don't see why this should be restricted to Unichem and Superdrug!

Clinical need or recreational use ...

The problem of who pays for Viagra is very real and, if rumours are accurate, will have to be faced sooner rather than later. At the same time, a double whammy could hit the Health Service, because the potentially equally expensive Xenical from Roche could be as appealing to the slimming market as Viagra has been to that for virility.

To treat genuine medical conditions, both Viagra and Xenical should be available on the NHS, but I suspect that their main use will be recreational.

Recreational drugs are not a new phenomenon but they have so far been mostly confined to the activities enjoyed by irresponsible youth and have been condemned by the conservative establishment.

With both Viagra and Xenical, this will change because these drugs will be sought principally by those of more mature years, who really should know better.

However, once the majority of society demands access to a product, then its acceptability quickly becomes established and pressure could rapidly build to have the change from POM to P or even GSL quickly introduced.

In this way (assuming the safety profile is acceptable) those who use the drug recreationally would pay, while those in genuine medical need would continue to have access to NHS supplies.

This may seem simple, but once the principle of availability – assuming acceptable toxic risk – has been established, then many of the existing but previously condemned recreational drugs could also become freely available.

An inexorable Pandora's box of opportunity could well have been opened by the launch of both Viagra and Xenical. Soon Prozac, cannabis and Ecstasy could also all be freely available on the open market!

One too many one-a-day products ...

Seven Seas products have always sold well, but my shelves are now groaning under the weight of their multiplicity, and in particular the amazing range of one-a-day cod liver oil-based preparations.

What is the effective difference between one-a-day cod liver oil capsules and their high strength and extra high strength variants?

If you read the label the proportions of EPA and DHA long chain fatty acids do vary, but there is a common theme of fortification with vitamins A and D to the maximum RDA and the same warning on each box that "exceeding the suggested daily intake is not recommended".

If a customer takes one capsule of the extra high strength cod liver oil they are taking twice the dose of the high strength preparation, yet the dose recommended for each product, which should not be exceeded, is still one a day.

Is it any wonder my customers are confused? I know all these variants are the manipulative invention of the marketing men, but enough is enough.

There are now too many of these products and if Seven Seas is not prepared to rationalise its range of supplements, then I will have to do it instead.

SCRIPTspecials

Maxalt wafer alternative for migraine

Maxalt (rizatriptan) is a new 5-HT1 agonist from Merck Sharp & Dohme which comes as rapidly dissolving wafers as well as standard tablets.

Rizatriptan is indicated for the acute treatment of the headache of migraine attacks, with or without aura. The dose for adults over 18 years old is 10mg. A second dose can be taken for recurring headache if needed, but not until at least two hours have passed. Patients not responding to a first dose should not take a second dose for the same attack. No more than two doses should be take in any 24-hour period.

Patients with mild to moderate hepatic and renal impairment should take the lower 5mg dose, as should those on propranolol who need to allow at least two hours between administration of each drug.

Rizatriptan should not be given concurrently with monoamine oxidase inhibitors or within two weeks of discontinuation of treatment. Food may delay the absorption of rizatriptan by an hour. The most common side effects are dizziness, somnolence and fatigue.

Maxalt wafers dissolve readily on the tongue without the need for liquid. Phenylketonuric patients need to be warned that they contain phenylalanine.

In clinical studies rizatriptan was found to relieve migraine headache as early as 30 minutes after dosing. When compared with sumatriptan, rizatriptan 10mg tablets provided faster headache relief within two hours and allowed a third more patients to become completely pain-free at 90 minutes.

Maxalt comes as 5mg tablets (six, $26.74) and 10mg tablets (three, $13.37; six, $26.74). Maxalt Melt comes as 10mg wafers (three, $13.37; six, $26.74).

Merck Sharpe & Dohme Ltd.
Tel: 01992 467272.

Melleril sizes down

The 500ml bottles of Melleril (thioridazine) syrup and suspension are being discontinued and are being replaced by the 300ml bottles.
Novartis Pharmaceuticals UK Ltd.
Tel: 01276 692255.

Cox Aspirin POM

Cox has changed the legal status of Aspirin 300mg 100-tablet packs from P to POM ahead of the legal requirements which come into effect on September 16.
Cox Pharmaceuticals Ltd.
Tel: 01271 311200.

Generic bezafibrate

Generics UK has launched its own brand bezafibrate 400mg XL tablets under the name of Bezagen. The price of 28 tablets is £8.50.
Generics UK Ltd.
Tel: 01707 853000.

Scripts for erythromycin EC

The Pharmaceutical Services Negotiating Committee reminds contractors that, from August, erythromycin 250mg enteric coated tablets 100-pack is listed as Category D in the Drug Tariff. Endorsements should include manufacturer/supplier and the pack size.

Childhood jabs guide

The Health Education Authority has produced a guide on childhood immunisation for parents, carers and health care professionals. *Childhood Immunisations – a review for parents and carers* is available separately priced £6.99, but is included as part of the three-volume box set *Childhood Immunisation – Issues from Research* for £25.
Health Education Authority.
Tel: 0171 222 5300.

Typherix opts for 'tailored' needles

Smithkline Beecham has introduced Typherix, a new single shot typhoid vaccine, primarily for travel, which provides up to three years' protection.

Each Typherix pack contains a pre-filled syringe and a choice of two non-fixed needles: one inch (23G) or 5/8th of an inch long (25G). The administering nurse or doctor can match the needle size with the patient's weight and/or age. This will usually mean the larger one for adults and the smaller for children.

The pre-filled syringe contains a single dose of 25mcg vaccine in 0.5ml for intramuscular injection, and the dose is the same for both adults and children over two years old.

This presentation is the first time that the issue of needle length has been addressed. The Department of Health recommends in its vaccination handbook that one-inch needles are needed for successful intramuscular administration in adults.

A recent US study also showed that the 5/8th-inch needle traditionally used to minimise discomfort was not sufficient for intramuscular penetration in all adults.

The basic NHS price for a single dose Typherix is $10.68.

In 1994, 4.7 million travellers from the UK visited typhoid high-risk areas. Around 200 cases of typhoid fever are notified in England and Wales each year, over 80 per cent of which had been acquired abroad.

Smithkline Beecham Pharmaceuticals.
Tel: 01707 325111.

MEDICAL MATTERS

Milk microbes under 18-month investigation for Crohn's link

Dairies around the country are being investigated for the presence of microbes in milk thought to be linked to Crohn's disease.

The survey, commissioned by the government's Advisory Committee for the Microbiological Safety of Food (ACMSF), will sample pasteurised and unpasteurised cows' milk for the presence of a range of bacteria, in particular *Mycobacterium paratuberculosis*. This organism has been linked to Crohn's disease and was previously thought to be completely destroyed by pasteurisation, although recent checks have proved otherwise.

Meanwhile, the Department of Health is advising people there is no need to change dietary habits.

M paratuberculosis causes Johne's disease, a chronic gastrointestinal condition affecting cattle, and is one of several factors linked to Crohn's disease in humans. Milk is thought to be one route of transmission for the microbe.

The investigation is being carried out by the Queen's University of Belfast and is expected to take 18 months to complete.

Single progestogen outperforms Yuzpe in emergency contraception

A new study has shown emergency contraception using levonorgestrel alone to be more effective than the current combined hormonal method.

The levonorgestrel regimen is used as an emergency contraceptive in several countries. Previous trials have shown it to be better tolerated than a combined hormone regimen, with fewer incidents of vomiting. This side effect often leads to failure of emergency contraception.

The results of a WHO trial, published in last week's *Lancet*, showed a lower failure rate in those taking levonorgestrel 0.75mg compared with those on a Yuzpe regimen (levonorgestrel 0.5mg and ethinyloestradiol 100mcg). The crude relative risk of pregnancy for levonorgestrel compared with the Yuzpe regimen was 0.36.

The number of pregnancies prevented compared with expected numbers without treatment was 85 per cent for the single hormone regimen and 57 per cent with Yuzpe. Levonorgestrel was also better tolerated in the study.

contains fluconazole

Clears thrush.

Clears shelves.

When Diflucan One last appeared on TV, sales increased by 54%[1] - leaving many shops completely out of stock.

The convenience of an oral treatment and the fact that it's as fast as it is effective, appeals enormously to women.

So, as part of a £2.2 million advertising campaign, Diflucan One is back on TV. We expect the response to be the same and so should you - check your stocks.

Could the message be any *clearer*?

[1] IRI Infoscan MAT £ sales 22.2.98

Abbreviated product information for Diflucan One (fluconazole). **Presentation**: Capsule containing 150mg fluconazole. **Indication and dosage**: Vaginal candidiasis. Adults (16-60 years): single oral 150mg dose. **Contra-indications:** Hypersensitivity to fluconazole or related azoles, pregnancy and women of childbearing potential unless adequate contraception is employed, coadministration of terfenadine and cisapride. **Warnings:** Lactation: Not recommended. **Drug interactions**: Relevance to single-dose has not yet been established. Anticoagulants, astemizole, cisapride, cyclosporin, diuretics, oral sulphonylureas, phenytoin, rifampicin, terfenadine, theophylline and zidovudine. **Side-effects**: Nausea, abdominal discomfort, diarrhoea, flatulence and rarely anaphylaxis. **Legal category**: P. **Package Quantity and Cost Price**: 150mg capsule, pack of 1, £7.12 (PL 1906/0017). **Product Licence Holder**: Pfizer Consumer Healthcare, Wilsom Road, Alton GU34 2TJ. Date of preparation: June 1998.

Pfizer Consumer Healthcare

COUNTERpoints

Migraleve relaunched with a new look

Migraleve has been relaunched with a new pack and a name change in response to research among consumers.

Pfizer, which markets the OTC migraine treatment, says consumers wanted a more modern look and simpler on-pack instructions.

Migraleve 1 has been renamed Migraleve Pink, and Migraleve 2 is now Migraleve Yellow. The packs have strong pink or yellow colour coding, with the tablet depicted. The combination pack, which contains both pink and yellow tablets, is now known simply as Migraleve and will also be colour coded, depicting both tablets.

The Migraleve brand name has been strengthened with black and silver 'go-faster' graphics.

From September 16, all packs will contain a revised leaflet along with a new pack warning to comply with the new MCA legislation.

Both Migraleve Pink and Yellow continue to be available in packs of 12 and 24 OTC, but the Migraleve 48-pack converts to POM. The 48-pack has clear colour coding and features the new leaflet and on-pack warning.

A £1.5 million support package includes advertising in the trade press, women's consumer press and Sunday supplements until the end of September. New PoS material is available.

Pfizer Consumer Healthcare.
Tel: 01420 84801.

Co-pharma buys Shire foursome

Co-pharma has acquired four products from Shire Pharmaceuticals which it previously marketed under an agreement with Shire.

They are the indigestion remedy Opas, Opazimes for diarrhoea and stomach upsets, RBC cream for bites, stings and minor skin irritation, and Vesagex for cuts, abrasions and minor skin problems.

Opazimes are being relaunched in a new livery and RBC is being advertised on radio in a series of regional promotions which continue until the end of this month.

Co-pharma.
Tel: 01923 710934.

Time to snap up a bargain camera from Konica

Konica is cutting the cost of some of its cameras as it brings prices in line with Europe, ahead of EMU next year.

The retail price of the Konica Revio, the pocket-sized APS zoom model, is down from £199.99 to £149.99 with the trade price down to £95.74.

Two of the 35mm Z-up range are also cheaper now. The Z-up 110 Super is down to £99.99 from £149.99 and the Z-up 70 down to £79.99 from £99.99.

Konica (UK).
Tel: 0181 751 6121.

Power launch from Clorets

Clorets is planning to take the intense mint sector's breath away with the launch of Clorets Powerful Mints.

The sector is growing fast and Adams Confectionery believes the combination of an innovative pack and the breath-freshening ingredient Actizol will win over consumers.

Clorets Powerful Mints (rsp £0.99) are presented in a credit card-sized pack of 50 concentrated, sugar-free mints, featuring a blue mountainscape with snow-capped peaks. Every product outer contains a hook-over display tray which takes a 12-pack box and can be fixed onto existing displays by sales 'hot spots'. The pack carries the Actizol symbol to stress the mint's breath-freshening properties.

A marketing programme to support the launch includes press promotions and product sampling.

Adams Confectionery.
Tel: 01703 620500.

Vitamin starter pack gives extra value

BR Pharmaceuticals is introducing a Valupak Vitamins Starter pack.

The pack, with a trade price of £39.99 plus VAT, contains 13 cases of Valupak vitamins and supplements, one of each product in the £0.99 range, including evening primrose oil, vitamin B6, and BR's new Multivitamins and Minerals. The pack, which offers 39 per cent POR, also contains shelf edgers and a supply of consumer colour leaflets.

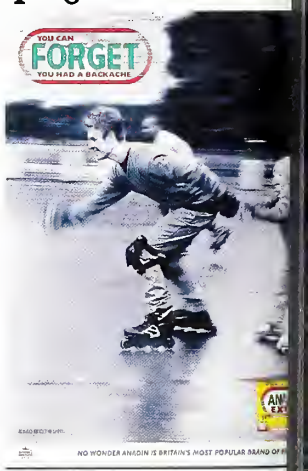
BR Pharmaceuticals.
Tel: 0113 2565836.

Anadin accentuates the positive in its latest TV campaign

Anadin focuses on the benefits of pain relief rather than images of suffering in its new TV advertising campaign starting on August 24.

The new adverts, which run nationally for four weeks, invite consumers to "forget they have pain". Five images focus on real people enjoying an activity which they may have put off or enjoyed much less if they were experiencing everyday pains. Each shot is in monochrome, allowing the Anadin pack to stand out in colour.

Daniel Gleed, Anadin product manager at Whitehall Laboratories, said: "Analgesic advertising has traditionally looked at negative images that portray pain and people in pain. All people really want to know is that a product will relieve their everyday pains allowing them to enjoy activities they had planned."



Whitehall says that, according to the latest TGI data, Anadin is the UK's favourite painkiller, with almost one in four adults saying they had used it.

Whitehall Laboratories.
Tel: 01628 669011.

Say yes to wash and wear lipstick from Bourjois!

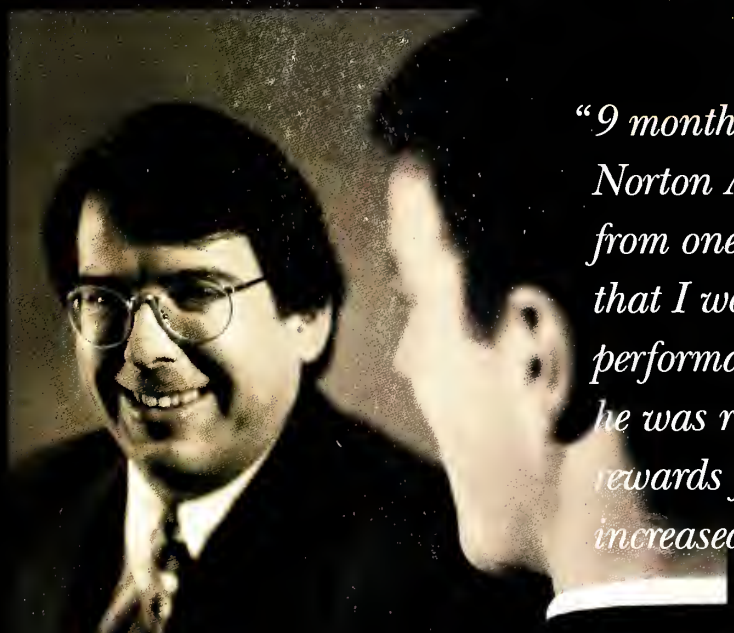
Bourjois's new waterproof lipstick, Dis-Moi Oui (rsp £6.25), is available in 17 shades and contains hydrophobic silicon oil to prevent running, as well as A and E vitamins.

An introductory £1 off offer supports the launch which is exclusive to Boots in October, and from November will be available in Superdrug, Lloyds and selected independent chemists.

Bourjois.
Tel: 0171 462 4906.

Paul Kelly, Superintendent Pharmacist, Seaton Valley Co-operative Society, Tyne & Wear comments on

the UK's **Nº1 Loyalty Scheme** *for pharmacists*



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Please arrange for a Retail Business Specialist to call me to make an appointment.

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Pharmacy Name

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Traxam goes for the national press

Whitehall is backing its Traxam Pain Relief Gel with a £200,000 advertising campaign designed to reach a wide audience.

The adverts, which aim to build on Traxam's image as a modern alternative to traditional heat rubs, appear in Saturday and Sunday editions of the *Telegraph* and *Express* as well as in *Reader's Digest* and *Saga Magazine* until August 23.

Whitehall Laboratories.
Tel: 01628 669011.

Rimmel campaign is just the ticket

Rimmel has gone on the buses for the first time with an advertising campaign which runs until next month.

Three adverts are being carried on 2,300 buses throughout the UK.

Each visual is described as upbeat and young at heart and bears the message "Rimmel – make up your own language".

Pictured with one of the Rimmel buses are Coty managing director Ian Williamson (in the driving seat) with (left to right) Rimmel brand manager Lisa Brady, assistant brand manager Chris Evans and Coty's vice-president of marketing, Anastasia Ayala.

Coty (UK) Ltd.
Tel: 0181 971 1300.

Disprin Extra turns up volume on five-minute pain relief message

A second burst of TV advertising for Disprin Extra is on screen until August 24.

The advert shows a man suffering from a bad headache taking two Disprin Extra tablets as everyday sounds around him are magnified. As the tablets start to ease the pain, the sounds return to normal, stressing that Disprin Extra can start to work in as little as five minutes.

Disprin Extra, which combines aspirin and paracetamol, comes in packs of 16 (rsp £1.53).

Reckitt & Colman Products.
Tel: 01482 326151.

Ortisan stays with winning formula

Sales of Ortisan Fruit Cubes are up 95 per cent year on year following the product's relaunch last summer.

UK distributor Cedar Health is so pleased with the results it is extending the successful press advertising and radio promotion campaign into next spring.

The advertising schedule focuses on titles aimed at older women such as *Woman's Weekly*, *Woman and Home*, *Good Housekeeping*, *Women's Realm*, *Woman's Own* and *Family Circle* along with *Reader's Digest* and the *Daily Mail*.

Cedar Health says just half a cube of Ortisan offers gentle relief from feelings of heaviness and irregularity, restoring the body's natural balance and rhythm. The natural ingredients include figs, senna and tamarind.

Ortisan Fruit Cubes (rsp £2.49 for six) are also suitable for children over three years of age.

Cedar Health Ltd.
Tel: 0161 483 1235.

SMA progresses to TV adverts

SMA is taking its first steps in television with a £1m advertising campaign for Progress, its follow-on milk for babies and toddlers from six to 24 months.

The advert shows happy, practical and comforting moments with children in the target age group. The background music is 'Take Good Care of My Baby'.

The campaign was tested in the Central TV region before going national on Channel 4 and GMTV with extra slots on Carlton, Meridian, Granada, Central and South West.

SMA director Alan Dorling said: "TV ads are a significant step forward for us. As market leader and innovator in the follow-on milks sector, we have seen investment in the Progress brand pay dividends."

SMA Nutrition.
Tel: 01628 660633.

A helping hand from Cutex

Cutex is giving a hand to consumers this autumn with two special promotions.

Anyone spending £3.99 or more on any Cutex product will receive a free manicure set worth £6.99. It contains an emery board, nail buffer, cuticle stick and nail clippers in a flip-top case.

The offer runs in independent pharmacies from September 7 and in larger Superdrug stores from October 14.

Cutex is also offering a Blockbuster gift set worth £20 for £9.50 (rsp). The Blockbuster contains Cutex Base Coat and Top Coat (rsp £3.99 each), Advanced Nail Colours in Passion, Bronze and Nude (rsp £3.49 each) and three sachets of Nail Polish Remover Wipes presented in a translucent blue mini travel bag.

The Blockbuster runs from September 25 in independent pharmacies and in selected Boots stores from November 11.

Coty (UK) Ltd.
Tel: 0181 971 1300.

Settle down with a good book, free from Floresse

Floresse starflower oil supplements are offering consumers a good read with a free book offer.

The promotion, which runs across the Floresse range of five products, offers a free copy of Virginia Woolf's 'Mrs Dalloway' (rsp £4.50) with a single token, or a hardback copy of 'A Dark Devotion' by Claire Francis (rsp £16.99) with three tokens.

Each pack carries one token, except for the 500mg 60-capsule pack which carries two. The tokens are redeemed by mail.

Floresse is the leading starflower oil range with an 8.5 per cent value share of the £30m GLA market.

The range consists of Floresse Pure Starflower Oil supplements in 250mg, 500mg and 1,000mg strengths; Body Boost, which is enriched with vitamins for energy; and Skin Vitality, which contains antioxidant vitamins for healthy skin, hair and nails.

Roche Consumer Health.
Tel: 01707 366000.

Plum landing for Ultima II

Warm plum, honey and raisin are the core of Ultima II's autumn/winter 1998 colour collection.

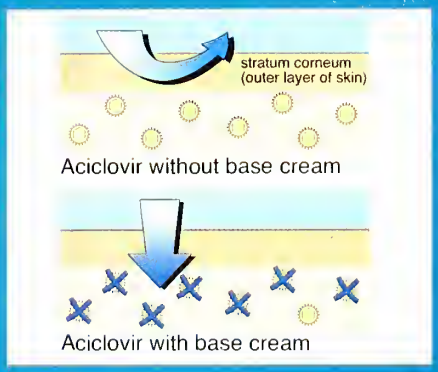
The range consists of four Lipchromes (rsp £10.50), two Nailchromes (£7.50) and two Duochromes for eyes (£15).

Revlon.
Tel: 01656 732 345.

As good as the original?

Zovirax now has a number of 'lookalikes' - but are they as good as the original aciclovir formulation?

Aciclovir is highly effective against the cold sore virus - but its low fat solubility means aciclovir cannot penetrate the skin's outer layer to reach the site of viral infection without help. It needs a specially formulated cream base to do so - and effectively fight the cold sore virus.



Wellcome scientists tested in excess of 100 cream base alternatives over a six year period in their search for an optimal aciclovir formulation. One stood out from all the rest - the Zovirax Absorption Accelerator formula. This is still patented, so cannot be copied by any other manufacturer.

So, when you're asked for a cold sore remedy, be sure to recommend the one that is patently different and clinically-proven to work for prevention and treatment.

You can be sure of

aciclovir

ZOVIRAX

COLD SORE CREAM

Patently the original

Patented Absorption Accelerator Formula

tial Product Information. Presentation: Smooth white cream containing Aciclovir 5% w/w in a water miscible base. **Uses:** Treatment of herpes simplex virus infections of lips and face. **Dosage and administration:** 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the prodrome. If healing has not occurred, treatment may be continued for up to an additional 5. **Contra-indications:** Hypersensitivity to aciclovir or propylene glycol. **Precautions:** Do not apply to mucous membranes. Do not use for ocular or genital herpes infections. Not recommended for use in nocompromised patients. **Side and adverse effects:** Transient burning, stinging, mild drying or flaking of the skin may occur. Erythema, itching and contact dermatitis have been reported. **Price (ex-VAT):** 2g tube 2g pump £5.10. **Legal category:** P. Further information is available from Warner Lambert Consumer Healthcare, Lambert Court, Chestnut Avenue, Eastleigh, Hants. SO53 3ZQ. **Product licence number:** 0003/0304. **f preparation:** July *998.

Lots of fun for the little ones

Paul Murray has expanded its Junior Macare range with new beakers, bibs, teethers, toys and feeding products.

Helping little ones learn to use a cup are the two-handed No Spills Cup and the Twist 'n Seal Beaker. The two-handed No Spills Cup (rsp £3.99) develops the original No Spills Cup design and its two handles make it easier for small hands to hold. Made from tough plastic, it is suitable for hot or cold drinks and the spout contains a two-way valve which seals automatically between sips.

The transparent Twist 'n Seal Beaker (rsp £2.49) features a rotating spout which twists into a closed position when not in use. It has angled handles and a measuring scale on the side for feeds.

Practical and novel, the Jumbo Juice Set (rsp £7.99) comprises 8oz and 14oz feeding bottles, a snack pot, travel tumbler, fruit teether and a first cutlery set, all of which pack away into a jumbo-sized beaker with a carrying handle and draw-off spout.

Nine new bib designs include three animal bibs (rsp £3.99 each) – monkey, dog and elephant – which are foam-stuffed and fasten with Velcro.

Teething and playtime additions include three new teething rattles, a bear-faced soother holder, a set of stacking cups, and Fun Bubbles.

Paul Murray plc.
Tel: 01703 268444.

Psorigon distribution

Psorigon Regenerator Cream and Psorigon Body Lotion are now available from Unichem, Enterprise, Sigma and Graham Tatford.

Pharmavita Ltd.
Tel: 0171 223 1665.

Geneva competition

The launch of Geneva Diet Gum into the independent pharmacy sector is being spurred on by a competition with a chance to win a weekend in Geneva.

David Hart.
Tel: 01992 522123.

Durex sponsored team

Durex was the sponsor for the UK team at the Gay Games in Amsterdam last week. Durex is launching a project to explore the changing attitudes and behaviour of gay men since the advent of HIV/AIDS.

LRC Products Ltd.
Tel: 01992 451111.

Illusions of autumn richness

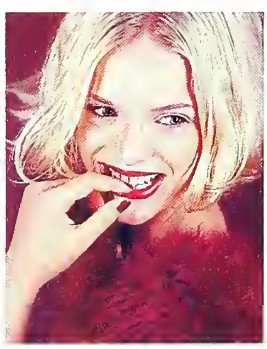
The trend for rich, deep bronze and berry make-up colours for autumn is reflected in the new Illusions range from Collection 2000.

Illusions features intense colours enhanced with light-reflecting pearl, which the company says "instantly update a look and provide a beautiful vibrancy, richness and depth of colour".

Advance Colour Lipstick (rsp £1.89) contains jojoba oil, vitamin E and UVA/UVB protection and comes in three new colours. There are four new shades of nail polish (rsp £1.49).

Illusions also offers six new Colour Flash Hair Mascara shades (rsp £2.49) to replace the existing range.

Collection 2000.
Tel: 01695 50078.



Watch out for So special offer

Bond Street Perfumery is offering consumers a free watch with purchases of its So...? and So...? Inspired fragrances from selected Boots stores.

The watches are coloured to match the packaging of each variant. The offer runs from the end of next month until October 27 and the fragrances retail at £5.95 for 20ml EDT.

Bond Street Perfumery.
Tel: 01268 522711.

Innoxa for stress and sensitivity

Innoxa has launched two new ranges – Definitive for stressed skin and Sensitivity for sensitive skin.

The Definitive products contain herbal extracts, chamomile and jojoba oil to soothe and restore; starflower oil to soften and combat moisture loss; and essential oils of lavender, ylang ylang and sandalwood to help calm, soothe and stimulate cell renewal.

The range comprises Revitalising Cleansing Oil (£9.95, 200ml), Moisturising Toning Lotion (£9.95, 200ml) and Revitalising Moisture Fluid (£11.95, 100ml).

The fragrance-free Sensitivity products are described as "skin care for delicate and chronically sensitive skins". They contain soothing herbal and botanical extracts including chamomile, calendula and lime blossom and natural moisturisers.

The range includes Gentle Cleansing Milk (£6.95, 200ml), Gentle Toner (£6.95, 200ml), Oil Free Eye Make Up Remover (£5.95, 100ml) and Creme Moisturiser (rsp £8.95, 50ml).

Network Health & Beauty.
Tel: 01252 533333.

Kincare packaging redesigned

The packaging and information leaflets for Kincare Shampoo have been redesigned to comply with Article 1 of the European Council Directive 65/66 EEC, as advised by the Medicines Control Agency.

Under this law, head lice infestation is a medical condition and any claims to treat it can only be made by licensed products. As a result no medicinal claims can be made for Kincare herbal shampoo.

A 250ml bottle retails at £6.99.

Kincare shampoo is distributed by:
Impharm Nationwide Ltd.
Tel: 01204 540204.

ON TV NEXT WEEK

Advil: LWT, CAR, C5

Arrid XX: C, A, HTV, W, M, LWT, CAR, C4, GMTV, Sat, C5

Canesten Combi: All areas

Clinomyn Smokers Toothpaste: A, C, C4, C5, CAR, G, HTV, LWT, M

Diflucan One: B, G, C, HTV, M, LWT, CAR

Imodium Plus: All areas

Jungle Formula: GTV, STV, C, A, W, M, GMTV

Just for Men: All areas

Listerine antiseptic mouthwash: GTV, STV, G, A, M, ITV

Macleans The Toothbrush: All areas except LWT, C4, GMTV

Macleans Whitening: All areas except LWT, C4, GMTV

Sensodyne Toothpaste: All areas + Sat

Sensodyne Gentle Mouthrinse: All areas + Sat

Slim Fast: All areas

Wella Shock Waves: Sat

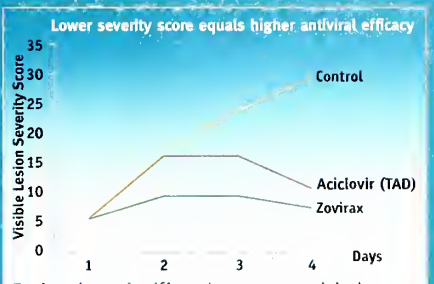
Wilkinson Sword, Protector 3D: All areas except Y, CTV, CAR, GMTV, TSW

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TSW** TV South West, **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

As good as the original?

Zovirax now has a number of 'lookalikes' - but do they perform as well as the original aciclovir formulation?

Now, new research[1] reveals that the Zovirax Absorption Accelerator formula has significantly greater antiviral efficacy than an alternative aciclovir formulation [manufactured by TAD].



Zovirax has significantly greater antiviral efficacy ($p < 0.01$) than an alternative aciclovir formulation - animal model of cutaneous Herpes infection[1]

This graph shows that the severity scores for lesions treated with Zovirax are consistently lower than those treated with an alternative aciclovir formulation throughout the duration of the trial. This proves that the Zovirax formulation has significantly greater antiviral efficacy than the competitor.

So, when you're asked for a cold sore remedy, be sure to recommend the one that is patently different and clinically-proven to work for prevention and treatment.

You can be sure of

aciclovir

ZOVIRAX

COLD SORE CREAM

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Earlier this month, the Government formally admitted it is deferring regulation of vitamin B6 until an 'Expert Group' reports. Charles Gladwin reviews the tale so far ...

Let it B

At last, an (almost) definitive statement on the future of vitamin B6 has emerged after nearly three years of uncertainty.

As Parliament rose for the summer recess, news that the Government was not going to proceed with the regulation of vitamin B6 products with daily doses higher than 10mg was sneakily announced in a Commons written answer by new agriculture minister Nick Brown.

Not, that is, until the new Expert Group on Vitamins and Minerals reports on safety control principles for VMS sales under food law. This could take 18 months. Even then, as Mr Brown is reportedly not keen on banning things, vitamin B6's stay of execution could be indefinite.

Government attention was first drawn to the matter in 1995 when the Consumers' Association expressed concern over high levels of vitamins and minerals in dietary supplements. The Department of Health's Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) was asked to investigate, particularly the toxicity of vitamin B6.

COT reported that there was a potential problem of vitamin B6 causing peripheral neuropathy, based on a now widely discredited report by Dalton and Dalton from 1987. COT recommended the level of B6 sold under food law should be limited to 10mg.

In June 1997, the Ministry of Agriculture, Fisheries and Food's Food Advisory Committee (FAC) endorsed COT's advice. It said dietary supplements should not exceed a 10mg daily dose of B6, and labels should warn of the risk of harmful effects above that.

Meanwhile, the Committee on Safety of Medicines recommended that vitamin B6, in daily doses of between ten and 49mg, should be restricted to sale through pharmacies, and that daily doses of 50mg or higher should require a prescription.

Reaction to the "B6 fiasco", as former Royal Pharmaceutical Society president Arnold Beckett called it recently, has been mainly incomprehension. How could COT make its recommendation on the basis of one ten-year-old report, which COT admitted contained "some methodological deficiencies"?

A public campaign organised by the health food industry resulted in a 100,000-signature petition opposing the recommendations. The outcry prompted an investigation by the Commons Select Committee on Agriculture, which in June issued a damning report on COT's advice and said the proposed 10mg restriction should be withdrawn.

Instead, it said, "We recommend that the Government should seek to introduce a voluntary limit, pending the report of the Expert Group, with the industry of 100mg per daily dose. All dietary supplements containing vitamin B6 should display a clear warning that intakes above this level may carry health risks, particularly if taken over an extended period."

The government's advice remains that daily intake should not exceed 10mg

The Government has not abandoned its stance totally. Until the Expert Group reports, its advice is that daily intake of supplemental B6 sold under the food law should not exceed 10mg other than on professional advice.

It also points to a lack of consumer awareness about the possible side effects of some vitamins. Only 26 per cent of supplement users consider them to be foods, while 40 per cent regard them as medicines. Almost 90 per cent thought supplements should be tested for safety.

Pharmacy sales

After the June statement, the RPSGB took the view that as the matter was unclear, it would recommend that pharmacists treat B6 products with daily doses greater than 10mg as P medicines, despite any change in the Medicine Act schedules. However, Professor Beckett has argued that this action denied the public access to products which are much safer than the drugs used as alternatives for a variety of health problems.

After this month's government announcement, the Society, still erring on the side of caution, issued a statement saying that decisions on the sale of vitamin B6 products in a pharmacy should be left to the pharmacist in charge.

"In view of new circumstances, the decision on whether to display such products for self-selection in a pharmacy will be for pharmacists to make," says the Society. "Pharmacists are, however, advised to continue to bear the safety issues in mind when deciding on advice to provide to customers seeking to buy higher dose products."

This point is echoed in last month's *British Medical Journal* (July 11, p92). Joe Collier, a reader and consultant in clinical pharmacology at St George's Hospital Medical School, London, thinks the FAC has got it right. He believes guidelines are needed and thinks COT's "centralist and restrictivist" position on B6 is more appealing than that of the Commons Agriculture Committee.

However, he points out that "once a product moves from being a food to a medicine, the benefit:risk analysis to which it is subject alters". In Britain there is little food regulation in this area, whereas "for medicines, the science of assessment is mature". Regulation can result in a denial of a medicine to many thousands to avoid a serious unwanted effect in one, he says.

The Consumers for Health Choice, which opposed COT's proposals, were slightly more jubilant over news of the deferral.

"The move is a huge relief to the millions of consumers who take doses of up to 200mg per day and can continue to do so," says CHO director Sue Croft.

CHC points out that in April, the US National Academy of Sciences said it had found no observable adverse effects with doses of B6 up to 200mg daily. Accepting a suitable safety factor, CHC supports the Agriculture Select Committee's call for a voluntary limit of 100mg per day.

Professor André McLean, head of the Department of Toxicology at the University College London Medical School, said: "There is no known danger from vitamin C or B6 in the usual doses. For the Committee on Toxicity to prance around and say they are taking a precautionary stance against B6 is like painting a zebra crossing on the top of a mountain in case a motor car comes along."

PHARMACY update

Under pressure

Glaucoma is not restricted to the old and the diabetic. David Wright, general manager of the International Glaucoma Association based at King's College Hospital, London, reviews this multifaceted condition and its treatment

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1099), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* SEPTEMBER 12, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To know the difference between different glaucomas
- To understand how intraocular pressure is raised
- To be aware of the three screening tests for glaucoma
- To be aware of the different classes of medication used
- To recognise compliance issues

Glaucoma is the name given to a number of conditions in which the optic nerve is damaged where it leaves the eye. This type of damage is recognised by characteristic features including its effect on vision.

The cause of this damage in some otherwise healthy eyes, may be almost entirely due to raised pressure within the eye, the intraocular pressure (IOP), but in other eyes the nerve may be particularly vulnerable to the pressure for other reasons such as a basically poor optic nerve blood supply or structural weakness due to abnormality of the supporting tissues of the nerve. As a result in this second group, quite low pressures, sometimes within the normal range, may damage further the already compromised nerve.

Most patients' glaucoma is detected during a routine eye examination

Types of glaucoma

'The glaucomas' is a collective term for a number of conditions which are basically different from one another but in which the optic nerve sustains characteristic damage. Glaucoma is normally classified as primary or secondary.

- **Primary glaucomas**

1 *Primary developmental glaucoma* (buphthalmos) is due to ocular developmental abnormalities, particularly of the tissues surrounding the anterior chamber (cornea, iris and lens).

2 *Primary open angle glaucoma* (POAG), often loosely known as chronic glaucoma, is dangerous because it usually gives no warning symptoms until there has been considerable damage to the optic nerve.

The IOP rises slowly due to a progressive reduction in the ability of the trabecular meshwork to allow the drainage of aqueous fluid from the eye. POAG is now thought to have some genetic basis.

Normal pressure glaucoma (NPG), also known as low tension glaucoma, is a sub-group of POAG where the optic nerve is unable to withstand pressures within the 'normal' range of up to 21 mmHg. Such patients may require treatment to reduce their IOP to even lower levels.

3 *Primary angle closure glaucoma* (PACG), also known as acute glaucoma, is usually of sudden onset but may be subacute or chronic (Fig 1).

An acute attack of PACG gives rise to symptoms which are often severe and for which patients seek relief. It is less common than POAG in the UK but is more prevalent in some Asiatic populations and in Inuits.

In PACG the eyes usually have a shallow anterior chamber due to the iris and lens being closer to the back of the cornea than usual, making it more difficult for the aqueous fluid to pass though the pupil into the anterior chamber. Blockage causes the IOP to rise rapidly often to quite high levels, the eye becoming hard, painful, and red with congested blood vessels and the iris swelling.

Sight becomes misty with halos seen around light sources and later vision might be lost because the high pressure blocks off the blood supply to the optic nerve. Sight may recover completely if the pressure is lowered at an early stage.

Subacute episodes of PACG are characterised by pain in or around one or both eyes accompanied by a blurring of vision together with the appearance of rainbow tinged halos around light sources. Such episodes often occur in the evening and the symptoms may disappear after sleep but are likely to recur and carry a high risk of an acute attack which could be prevented by treatment. These symptoms are sometimes confused with

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those of migraine.

Chronic angle closure glaucoma is a slow progressive closure of parts of the anterior chamber in eyes with a basically narrow angle which results in a persistently raised IOP as in POAG.

● **Secondary glaucoma**

Secondary glaucoma is usually considered to be present when a pressure of more than 21 mmHg is accompanied by an ocular disturbance, which can reasonably be expected to have caused the raised pressure. Secondary glaucoma may be traumatic, inflammatory, degenerative, vascular or toxic in nature. If these primary conditions occur *in utero* secondary congenital glaucoma will result.

1 *Rubeotic glaucoma* occurs where a thrombosis of the central retinal vein or diabetic retinopathy cause the formation of new blood vessels in the iris or angle of the anterior chamber making the iris look reddish (rubeosis) and blocking the angle thus raising the IOP.

2 *Pseudo-capsular exfoliative and pigmentary glaucoma* involve the presence of small particles in the aqueous humour which are deposited on and in the tissues of the eye. Sometimes this deposition will be sufficient to obstruct the trabecular meshwork leading to a rise in IOP and consequent damage to the optic nerve.

3 *Posner-Schlossmann syndrome* is a mild form of iris inflammation affecting particularly the trabecular meshwork causing a rapid rise in IOP.

4 *Sturge Weber syndrome* is recognised by the 'port wine stain' type of birthmark which, if on the face or forehead may involve the eye and be associated with obstruction of the aqueous drainage.

Table 1: Categories of medication used in the treatment of glaucoma

Category	Action	Frequency	Side effects
Miotics	Increase outflow	Four times daily	Dimness of sight, brow pain, short sight (transient)
Sympathomimetics	Increase outflow, decrease production	Twice daily	Frontal headache, redness and watering of eyes, increase in heart rate, stinging, occasional allergic reaction, raised blood pressure (rare)
Sympathetic beta blockers	Decrease production	Twice daily	Slows pulse, aggressive asthma, bronchial conditions, tiredness, cold extremities, nightmares
Carbonic anhydrase inhibitors	Decrease production	2-3 times daily	Stinging, bitter taste, crusty eyelids, malaise, tingling extremities
Prostaglandins	Increase outflow	Once daily	May alter iris colour, can result in apparent increase in hair
Alpha 2 agonists	Increase outflow Decrease production	Twice daily	Stinging, blurring, photophobia, swelling of eyelids, dryness, fatigue

Detection

The majority of patients' glaucoma is detected during a routine eye examination for spectacles. The condition affects about 2 per cent of people over the age of 40, with more than half the cases being of the POAG type. In populations of African descent the proportion of POAG is greater and is reported at between 4 and 8 per cent in different surveys.

The current regulations only specify one test for glaucoma as a mandatory part of the eye examination: ophthalmoscopy, a visual examination of the retina and optic nerve head.

Although this test will reveal cupping and pallor of the optic nerve head characteristic of glaucoma, it will not necessarily detect glaucoma at the earliest possible stage when treatment is most effective.

The addition of two other tests is required:

● **Tonometry:** a measurement of the IOP which may be carried out using contact or non-contact equipment

● **Perimetry:** an examination of the field of vision which can reveal those glaucomas which do not present with abnormally high IOP.

The addition of tonometry to ophthalmoscopy increases the glaucoma detection rate three times compared with ophthalmoscopy alone. The combination of all three tests gives about a four-fold increase in detection rate.

Surveys in several countries have shown that, at present, primary examinations only reveal about half of the number of persons with POAG in the population. It is therefore most important for all people over the age of 40, or earlier if there are other risk factors present, to ensure that they receive all three tests when attending for an eye examination.

● **Benefits of early detection of glaucoma**

Given that the most common form of glaucoma, POAG, does not give rise to symptoms until a late stage and that any glaucomatous damage inflicted on the optic nerve is permanent, early detection is vital if useful sight is to be preserved for life. Glaucoma treatment at present is largely directed at modifying the level of intraocular pressure to bring it to a level at which further damage to the optic nerve is not occurring.

This ideal state is, however, difficult to achieve in practice. In most cases some deterioration continues to occur during treatment partly due to ageing. The intention is, therefore, to preserve useful sight for the patient for as long as possible.

Treatment

● **Primary developmental glaucoma**

Surgery alone may be sufficient but additional drug treatment may be required.

● **Primary angle closure glaucoma**

An acute attack of PACG is an emergency situation requiring immediate hospital treatment. A combination of medical and surgical means are employed to reduce IOP. However, an eye with a high IOP does not readily absorb medication so the usual method of treatment is acetazolamide tablets or injection, glycerol by mouth or mannitol by intravenous infusion to reduce, by osmosis, the secretion of aqueous into the eye.

Pilocarpine drops may also be used to help the drainage of aqueous by contracting the pupil and focusing muscles thereby, in some cases, opening the angle of the anterior chamber and widening the pores of the trabecular meshwork. Once the IOP is under control, surgery or laser is usually employed to create a small hole in the outer part of the iris allowing aqueous to pass from the posterior to anterior chamber without obstruction.

● **Primary open angle glaucoma**

In most cases the initial treatment of POAG is by the use of topical eye drops although, occasionally, systemic treatment using tablets may be considered. Drugs used include:

1 *Pilocarpine drops*

In addition to its miotic action, it causes contraction of the ciliary muscle, pulling open the pores in the trabecular meshwork and increasing the outflow of aqueous from the eye.

However, local side effects and the high frequency of doses required for acceptable control of IOP have led to a reduction in its use, although for patients who are well established and controlled it is still regularly prescribed. Pilocarpine in gel form is administered once daily, usually at night, thereby reducing the severity of the side effects of the drug.

2 *Adrenaline drops*

Adrenaline drops have been superceded by dipivefrin which is converted into adrenaline once in the eye thereby minimising the local side effects, but, as with pilocarpine, it is used less frequently since the advent of more patient-acceptable medications. Its action is to both reduce the production of

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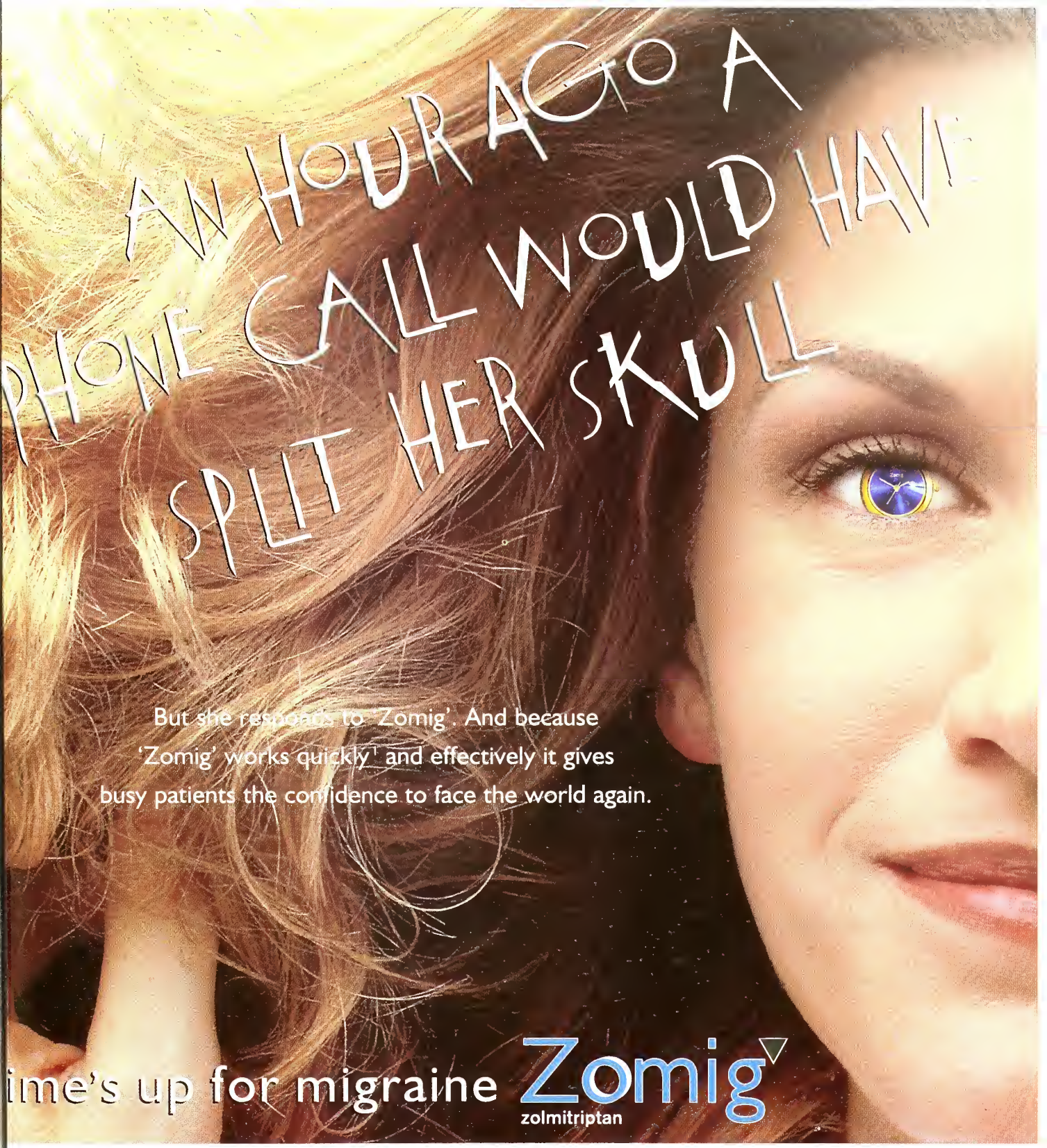

MIG'
ult Summary of Product
acteristics before prescribing
ial reporting to the CSM required.
Acute treatment of migraine with or ut aura.
entation Tablets containing 2.5mg of riptan.
ge and Administration The rec- ended dose of 'Zomig' to treat a migraine is 2.5mg.
ptoms persist or return within 24 hours, nd dose has been shown to be effective. econd dose is required, it should not be within 2 hours of the initial dose.
factory relief is not achieved, subsequent s can be treated with 5mg doses.
ients who respond, significant efficacy is ent within 1 hour of dosing.
e event of recurrent attacks, it is mended that the total intake of 'Zomig' 4 hour period should not exceed 15mg.
g' is not indicated for prophylaxis of ine.

Safety and efficacy of 'Zomig' in paediatrics, adults over the age of 65 and patients with hepatic impairment have yet to be established.
Contra-indications Hypersensitivity to any component of 'Zomig' and uncontrolled hypertension.
Precautions A clear diagnosis of migraine must be established. Care should be taken to exclude other potentially serious neurological conditions. No data in hemiplegic or basilar migraine.
'Zomig' should not be given to patients with Wolff-Parkinson-White syndrome or arrhythmias associated with other cardiac accessory conduction pathways.
'Zomig' is not recommended in patients with ischaemic heart disease. In patients in whom unrecognised coronary artery disease is likely, cardiovascular evaluation prior to commencement of treatment is recommended. As with other $5HT_{1D}$ agonists, atypical sensations over the precordium have been reported after administration of 'Zomig' but in clinical trials these have not been associated with arrhythmias or ischaemic changes on ECG. 'Zomig' may cause mild transient increases in blood pressure.
Patients should leave at least 6 hours between taking an ergotamine preparation and starting 'Zomig' and vice versa. Concomitant administration of other $5HT_{1D}$ agonists within 12 hours of 'Zomig' treatment should be avoided. A maximum intake of 7.5mg of 'Zomig' in 24 hours is recommended in patients taking a MAO-A inhibitor. Caution in pregnancy and breast-feeding. Use is unlikely to result in an impairment of the ability to drive or operate machinery. However, somnolence may occur.
Undesirable Effects Nausea, dizziness, somnolence, warm sensation, asthenia and dry mouth have been the most commonly reported.
Abnormalities or disturbances of sensation have been reported, heaviness, tightness or pressure may occur in the throat, neck, limbs and chest (no evidence of ischaemic ECG changes), as may myalgia, muscle weakness, paraesthesia, dysaesthesia.

Legal Category POM
Product Licence Number 12619/0116
Basic NHS Cost 3 tablet pack (2.5mg) £12.00. 6 tablet pack (2.5mg) with wallet £24.00.
'Zomig' is a trademark of the Zeneca group of companies.

Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.

98/9046/K/Issued February 1998

Reference:
1. Zomig Summary of Product Characteristics.

In those patients who respond, significant efficacy is apparent within 1 hour of dosing.

ZENECA

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aqueous and also to increase its drainage from the eye.

3 *Beta blocker eye drops*

Timolol, carteolol, betaxolol and levobunolol have been the mainstay of glaucoma treatment for the past 18 years and have often been used in conjunction with pilocarpine or dipivefrin drops.

Their action is to inactivate the beta sympathetic nerve endings in the ciliary body thus reducing the production of aqueous into the eye. These drops are usually well tolerated, being prescribed twice daily, but an increasing awareness of the effects of systemic absorption and consequent beta blockade in susceptible patients is leading to a greater emphasis on the identification of apparently asymptomatic cases of patients with bronchial and cardiovascular side effects.

Until the advent of the newer medications, such complications tended to result in the prescription of a more selective beta blocker such as betaxolol in preference to a non-selective drug or, if complications were more severe, turning to lasers or surgery.

A gel formulation of timolol was introduced recently allowing more convenient once-daily administration.

4 *Dorzolamide*

This is a form of carbonic anhydrase inhibitor which is administered topically. Its action is to reduce the production of aqueous and it is unlikely to cause the side effects associated with its systemic counterpart acetazolamide. It is administered twice daily if used in conjunction with beta blocker eye drops, or three times daily as monotherapy. It is generally well tolerated by patients, although local allergic reactions may occur.

5 *Latanoprost*

This is a prostaglandin which has the action of increasing the uveo-scleral outflow of aqueous from the eye. It is used once daily as monotherapy or in combination with other medications and is generally well tolerated by patients. Side effects are principally a change in colour of some types of iris and a prolongation of the life of hair leading to an apparent increase in length and thickness in the eye lashes and other hair which comes into contact with the drops.

6 *Brimonidine*

This is a selective alpha 2 agonist which reduces the production of aqueous fluid and increases its outflow from the eye. It is used twice daily and is contraindicated in patients taking certain antidepressives.

7 *Acetazolamide*

Acetazolamide has been used for many years for short term reduction of IOP. It reduces very effectively the production of aqueous fluid but the associated side effects make their long term use in POAG now very rare.

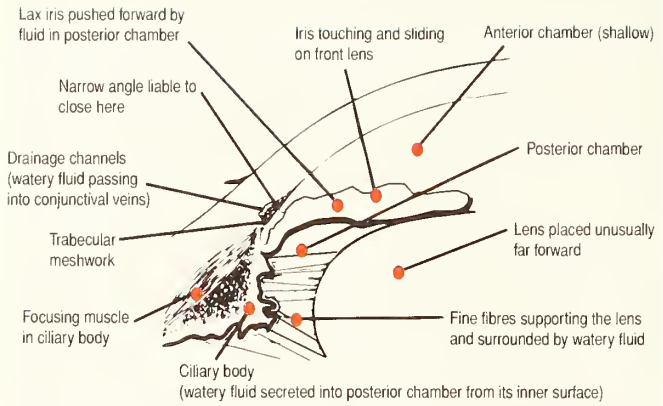

Fig 1: The narrow angle liable to close and cause acute glaucoma. The structures involved in fluid production and drainage are also shown

Surgery

The surgical treatment of POAG is most commonly a trabeculectomy – the formation of a small 'safety valve' in the trabecular meshwork which allows aqueous to escape. Scarring may close the drainage site but this can be remedied by anti-scarring medications such as 5-fluorouracil. Early surgery may lead to a better preservation of field of vision.

The use of laser treatment for POAG is less common in this country. A trabeculoplasty involves a laser being directed onto the trabecular meshwork to open the pores and allow increased drainage. Results are variable and continued medical treatment is usually required to maintain IOP at an acceptable level.

Pharmacy support

The pharmacist has an important role in patient education. The majority of glaucoma sufferers are elderly and this group of people tend to view their pharmacist as a 'first port of call' before other members of the health care team. Because of this, the pharmacist may be best placed to ask if the patient is able to use their drops correctly, especially if the presentation of their prescriptions does not reflect correct usage.

Other factors such as the improvement in current glaucoma medication are also playing an important part in achieving preservation of sight and the pharmacists' advice can help ensure that they are being correctly used.

Long acting medications reduce the number of instillations required per day and if combination therapies could be supplied in single dose bottles this too would make a considerable contribution to good compliance. Other factors adversely affecting the results of multiple therapies include 'wash out' of one drop by another. Here again good advice from the pharmacist can make a useful contribution to sight preservation.

Patient information providers such as the International Glaucoma Association produce free and reliable patient information. This, together with the back up of telephone and letter services, can help patients gain a valuable insight into their condition and the need for good compliance. It can also relieve anxiety about possible blindness which is often thought to aggravate the condition.

C&D *is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.*

ACTION PLAN

1. List in your practice workbook the next 20 prescriptions for drugs used to control intraocular pressure (IOP). How many prescriptions include dosage schedules?
2. Devise your own list of dosage schedules for commonly prescribed drops used to control IOP. Does this match what patients tell you about their dosage regimens?
3. Record the various systemic drugs used to control IOP and their indications.

RESOURCES

International Glaucoma Association, King's College Hospital, Denmark Hill, London SE5 9RS. Tel: 0171 737 3265. Fax: 0171 346 5929.

PHARMACY update: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to self-test. With the support of Genus Pharmaceuticals, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the September 12 issue, which will cover this week's CPP-accredited modules, together with those in the August 1 issue.

In other words:

- Food poisoning (1098)
- Glaucoma (1099)
- Hair loss (1100).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers. **Update** articles can also be viewed on *C&D's* internet site.

C&D in association with

GENUS PHARMACEUTICALS

Hair-raising problems

Hair is a tissue sensitive to many influences – a fact often overlooked. John Mason, chairman of the Institute of Trichologists, looks at the factors affecting hair growth

The expression of the gene for common baldness requires androgens

Hair is a living tissue, although the greater part is technically dead. It is a very sensitive marker of disease, and both hair breakage and hair loss can reflect dietary influences, systemic disease, hormonal control, dermatological infections, genetic influences, life style and drug therapy.

Normal hair growth

Hair has its origins in the hair bulbs of the dermis. By the time the hair has emerged from the follicle, cellular differentiation and the process of keratinization are complete. The visible portion can therefore be regarded as dead.

As early as the mid-1920s, it was recognised that hair growth follows a distinct cycle. First there is a period of growth – anagen – lasting about 1,000 days, followed by a transitionary phase called catagen, during which cell division slows down then ceases. Finally, there is telogen, which lasts about 100 days and is a resting phase. Eventually a new hair in anagen will push out the telogen hair. This gives rise to normal shedding and a typical healthy person will lose about 30-50 hairs per day with widespread variation between individuals.

The ratio of anagen to telogen hairs is normally about 90 to 10, since under normal circumstances the number in catagen at any given moment is small. Apart from hairshaft breakage, hair loss usually occurs because of either too many hairs entering telogen or too few entering anagen.

Hair in other areas of the body differs in several ways. First, anagen is relatively short and telogen relatively long – therefore body hair grows only to a short length. Second, most body hair (except pubic hair and axillary hair) is not hormone influenced.

Scalp hair is influenced by androgens, essential to the expression of the gene for common baldness (androgenetic *alopecia*). The density of scalp hair in the normal adult is around 200-300cm^2 and the total population of scalp hairs probably around 100,000 to 150,000 – depending on hair colour. Wide variation occurs between individuals, even in normal health.

Before leaving the subject of hair physiology, a number of points should be made:

- hair is nourished by the blood and its growth is greatly influenced by the composition of the blood in terms of nutrients, hormones, and therapeutic drugs
- even women produce some androgens and the levels of these may rise considerably in certain diseases.

Androgenetic *alopecia* is not sex-linked and can affect both sexes, although not in the same way. The term '*alopecia*' means hair loss and, unless qualified, does not differentiate between causes or type of loss.

Hair nourishment

The two dietary factors that probably affect the health of hair most are deficiencies of iron and protein. Hair can be affected by iron deficiency when there are no clinical signs of anaemia and when haemoglobin levels are clinically normal.

Always be aware of the possibility of iron deficiency in someone who has recently 'gone vegetarian'. Hair loss in iron deficiency is of the diffuse type but a little unusual. The hair goes into telogen in the usual way but follicles do not then enter the anagen phase. Diffuse hair loss then occurs without any increase in the rate of hair shedding. Zinc deficiency, hereditary or acquired in pancreatitis and intestinal bypass surgery, may affect hair growth.

More recently there has been a proliferation of amino acid supplements, including tyrosine, aimed at hair health. A customer purchasing such supplements is unlikely to know the dangers of taking them concurrently with monoamine oxidase inhibitors. You should be aware that alternative medicine practitioners may well have instructed the patient to take far more than the recommended dose.

Hormonal influences

It has already been pointed out that androgens are essential for expression of the gene for common baldness. However, it may not be quite so obvious that, in males, normal physiological levels are all that is necessary, while in women the gene is rarely expressed unless androgen levels are elevated.

In turn, high androgen levels in a woman are a significant finding and may suggest such conditions as ovarian cysts (polycystic ovary syndrome) or a pituitary that is excessively responsive to gonadotrophin-releasing hormone, leading to increased androgen production. Any woman presenting with hair loss and having amenorrhoea, hirsutism (excess course body and facial hair) or acne should be referred to a doctor.

The hair is sensitive to changes in thyroxin levels and diffuse hair loss will often be the result of hyposecretion of the thyroid. Some patients may complain of lethargy,

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THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1100), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* SEPTEMBER12, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

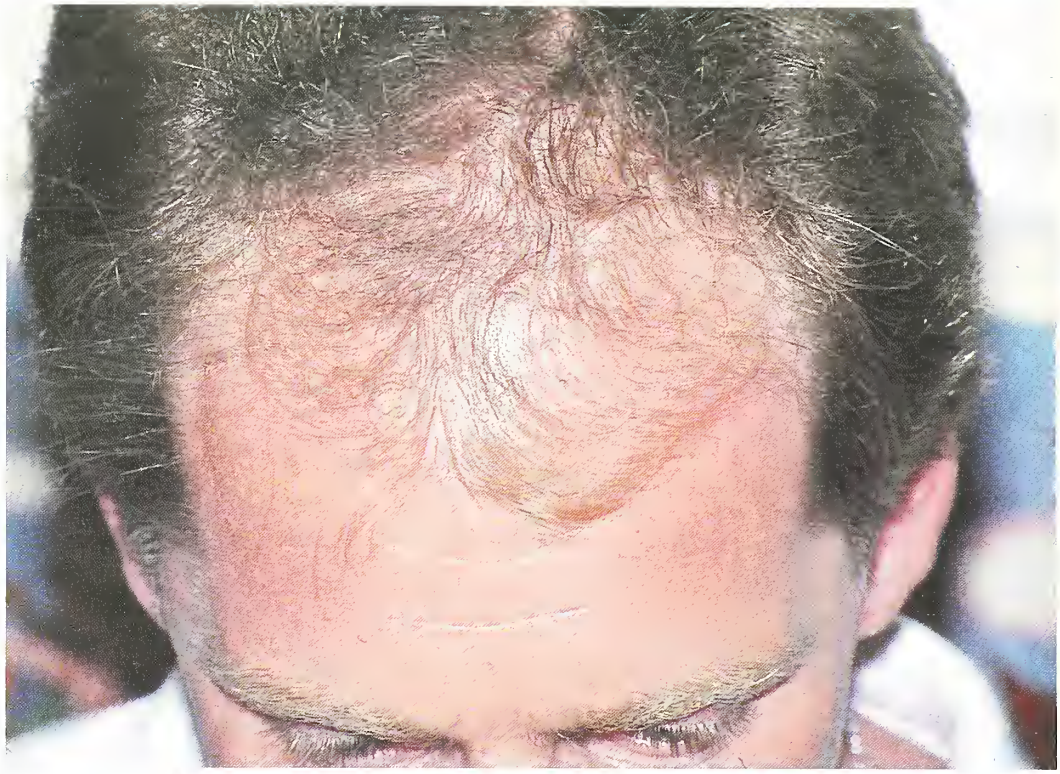
- To be aware of normal hair physiology
- To understand the importance of nutrients in hair growth
- To be aware of the effect of different physiological factors on hair
- To appreciate the role of drugs in male pattern baldness

◀ Continued from PV

weakness, intolerance to cold, dry skin, unmanageable hair and decreased sweating. The onset of hair loss from this cause is very gradual.

Once again it must be emphasised that a person just inside normal limits for serum thyroxine (T4) may sometimes suffer hair loss. It has to be appreciated that these 'cut off' points are purely arbitrary.

Similar hair loss may occur in hyperthyroidism (excess thyroid hormone) but this is unlikely to be due to the condition itself or the therapeutic measures used. Thyroid activity is difficult to stabilise and there are vast differences in antithyroxic drug levels just before the next dose is due and shortly after that dose is taken. Even the activity of the gland itself is often subject to sudden fluctuations in activity. What we are seeing here is diffuse *alopecia* due to transient hypothyroidism in a person technically suffering from hyperthyroidism.



Science Photo Library

Male pattern baldness – an incurable condition

2 Changes in hair colour

Changes in hair colour may occur in a number of medical conditions but also in response to drugs. It would, therefore, be valid to mention them, although such changes will seldom be associated with hair loss.

There are everyday causes of colour change including a change to green following swimming in, or shampooing with, water high in copper ions from copper piping. Yellowing at the front is common in heavy smokers and can be attributed to tar vapours.

Dithranol and chrysarobin stain light-coloured or grey hair mahogany brown. Various dermatological preparations colour black or white hair yellow or yellowish brown.

Chloroquine interferes with pigment synthesis affecting the colour of blonde or red hair. After three to four months of treatment the hair becomes white or silvery. Mephenesin causes pigmentary loss in dark-haired individuals. Hydroquinone and phenylthiourea both interfere with tyrosine activity causing hypopigmentation of the hair and skin.

Lightening of hair colour from black to brown may also occur in extreme iron deficiency. This list is by no means comprehensive but other reactions to drug therapy are much rarer.

3 Hair loss in scalp disorders

A number of scalp disorders can eventually lead to hair loss but there has always been an element of misunderstanding surrounding this subject.

Pityriasis capitis (dandruff) never causes hair loss and, although it may precede them, it is not a precursor of either *seborrhoeic dermatitis* or common baldness. *Seborrhoeic dermatitis* can be readily differentiated from pityriasis by its inflammatory component. Seborrhoea is simply increased sebum production and can present alone or concurrently as a feature of either *pityriasis* or *seborrhoeic dermatitis*, although it is not a clinical feature of either.

Psoriasis of the scalp affects 50 per cent of all psoriatics and is frequently associated with both hair breakage and hair loss by increased telogen shedding. The calibre of the hair shafts growing in plaques of psoriasis is also greatly reduced. A familial history of the condition or lesions elsewhere on the body, together with pitting of the fingernails, are among the most useful diagnostic findings. Often there is a continuous history of scalp psoriasis extending over many years and it is not unusual to find this both extensive and neglected through frustration. A good trichologist can keep the condition under control and improve the cosmetic appearance beyond belief.

However, there is no single topical treatment that will achieve these results. Management is as important as medication. Pharmacists should be aware that lithium, used in manic depression, is a powerful trigger of psoriasis in susceptible individuals.

Fungal infections (*tinea capitis*) are more common than is sometimes thought and changing patterns are emerging. One is more likely to see cases in our larger inner cities today than in the country as was formerly the case. Nor are microsporum infections (caught from animals) any longer the more common form. There is a marked movement towards infection by *Trichophyton tonsurans*, a fungal infection transmitted from person to person.

Dermatologists no longer consider topical medications effective in treating dermatophyte infections of the scalp. Certainly, home application of topical treatment without the closest supervision throughout is simply not going to work.

It should also be pointed out that without effective and early treatment, such infections can progress to cicatricial (scarring) *alopecia* in which the follicles are permanently destroyed.

Knowledge that spontaneous recovery can sometimes occur should not defer early diagnosis and the establishment of appropriate therapeutic measures. Other scalp disorders which may lead to hair loss include *alopecia areata*, *lupus erythematosus* and pseudopelade.

Alopecia areata is a difficult condition to manage and its aetiology is uncertain. Stress, genetic susceptibility and autoimmune reactions are all implicated. It presents in many forms and is both recurrent and often treatment refractory. It affects principally dark-haired individuals.

In the active condition, the hair growth cycle is disrupted and the ratio of anagen to telogen hairs is abnormal, with the proportion of telogen hairs increased. Fractured hairs around the margin of the lesion have a characteristic appearance and are commonly described as 'exclamation mark' hairs. They are easily extracted from the scalp and are broader at the proximal end.

In its simplest and mildest expression there are round or oval patches of hair loss. Often, new lesions will appear at fresh sites, as spontaneous regrowth occurs at others. When lesions heal spontaneously, the regrowth of hair is frequently white. OTC prescriptions have neither value nor place in treating this condition and most experts will

acknowledge that there is no 'one best' treatment.

Systemic disease and hair loss

Many serious systemic diseases lead to eventual hair loss. Generally these will be chronic infections such as syphilis, tuberculosis, lupus erythematosus and AIDS. Common disease associations in trichology include psoriasis of the scalp in AIDS and *alopecia areata* with thyroid disease.

An interesting condition of which the community pharmacist should be aware is post-febrile *alopecia* in which marked diffuse *alopecia* may occur some eight weeks after recurrent bouts of fever. The textbooks would have us believe that a temperature of 39°C must have been reached but the condition is certainly seen during influenza epidemics. Full recovery is the rule.

More interesting is the controversy surrounding hyperthyroidism. Hair loss in this condition is often attributed to the therapeutic regime rather than to the condition. It is my belief that neither is the cause. The thyroid is an unstable gland and difficult to stabilise. Drug levels cannot be maintained absolutely constantly between doses. Some patients almost certainly lapse into periodic and brief transient hypothyroidism. I believe the hair loss should usually be attributed to this.

Conversely, there are cases where drugs such as methyl thiouracil and propylthiouracil have caused hair loss and the patient has been unquestionably hyperthyroxic. Rook and Dawber (1982), however, state quite clearly that they have never seen a case where hair loss could definitely be attributed to the thyrotoxicosis.

Treating baldness

We are in an era when 'miracle cures' for common baldness emerge with great regularity. The pharmacist needs to be concerned with only two – minoxidil (Regaine) and finasteride (Propecia). Only the former is licensed for sale in the UK.

While many products help some people to some degree there simply isn't a satisfactory cure for common baldness at this time. Results

Continued on PVIII ▶

Hair highlights

- **The possibility that multiple causes have contributed to any given hair loss should never be overlooked. Even where the major cause of hair loss is readily established there will often be secondary contributory factors (even worry over the loss) which exacerbate the condition to a degree. It is perhaps where the principal cause is most obvious that secondary conditions may fail to be sought or established.**
- **It is quite common to find diffuse hair loss due to iron deficiency in subjects who are not clinically anaemic. Look out for this possible scenario in vegetarians and women of child-bearing age. This is readily responsive to oral iron therapy.**
- **Beware of interpretation of 'normal' clinical parameters. The normal limits for circulating thyroxin (T4) are 60-170 nmol litre^{-1}. If a subject with 50.9 nmol is regarded as abnormal there is little justification for regarding someone with 60.1 nmol as being absolutely normal. The same argument can be applied in respect to many clinical parameters. These limits are purely arbitrary.**
- **A lightening of the hair colour from black to brown may occur in severe iron-deficiency anaemia but is probably a change in keratinization rather than a true pigmentary change. The hair may darken during minoxidil therapy (topical Regaine) but again this is thought not to be a true pigmentary change. It is suggested that the latter is largely due to a change in vellus hairs to terminal hairs.**
- **In women, seborrhoea has greater significance than in men because when it occurs with hirsutism and baldness it is a marker of raised androgenic activity. This calls for medical investigation.**
- **It is important to appreciate that many scalp disorders have a familial, genetic, or immunological aspect which makes them a matter for control or management rather than cure. In many instances it will be a whole arsenal of supportive measures and skilful management which 'wins the day', not a single prescription.**
- **There is no completely effective cure for androgenetic *alopecia* at this time and no miracle breakthrough on the horizon. Patients opting for this form of therapy should be carefully counselled and made aware that they are undertaking treatment for life. They must know the consequences of terminating treatment and the long-term cost. older the patient or the longer the alopecia has been established, the less effective will be the treatment.**

◀ *Continued from PVII*

are seldom cosmetically acceptable and treatment has to be for life. If the degree of improvement is balanced against the cost, it will seldom represent good value.

Should the patient subsequently end the regime, he will immediately lose hair to the extent that would have occurred had the treatment not been used. Several years of hair loss in a matter of weeks can be a dramatic experience that will not pass unobserved.

● **Minoxidil**

The side effects of 2 per cent solution are few – allergic contact dermatitis (in < 1 per cent of patients) and irritant dermatitis or folliculitis (in 3-5 per cent of patients). Commercial clinics frequently employ minoxidil in combination with topical tretinoin. The potential side effects from this component are irritation and photosensitivity.

Hair growth on the forehead or cheeks is occasionally seen and may be the consequence of either accidental application (stray spray or run) or may even be due to systemic absorption by the vascular system.

Despite continual claims to the contrary, we do not know how this drug works in restoring hair growth. There is no evidence that its cutaneous vaso-dilatory properties are responsible and there are stronger vaso-dilators which certainly are not as effective.

The concomitant use of topical tretinoin appears both beneficial and synergistic. Bazzano *et al* found that topical tretinoin and 0.5 per cent minoxidil was as effective as 2 per cent minoxidil.

The fact that higher concentrations are continually being tested, or used in combination with other drugs such as tretinoin, would suggest that minoxidil is not nearly as effective as is claimed.

● **Finasteride**

Finasteride (Propecia) works by preventing the conversion of testosterone into its more active metabolite dihydrotestosterone. This hormone is necessary for expression of the baldness gene as explained earlier.

In the world of genetics an interaction between the environment and the expression of a gene is by no means uncommon, eg animals whose coat turns white when the temperature drops during winter.

Here, it is the internal environment which operates. The gene for common baldness is not expressed unless the susceptible follicles are exposed to dihydrotestosterone. Finasteride acts by blocking the action of the enzyme 5-alpha reductase responsible for converting testosterone to dihydrotestosterone.

What is often forgotten is that an alternative pathway for dihydrotestosterone synthesis exists and finasteride will not block this alternative route.

Finasteride probably has its greatest value in delaying the early onset of common baldness in genetically predisposed young men. It should not be expected to prevent or reverse common baldness throughout life, particularly in people in whom the genetic influences are strong, eg men in whom hair loss started early – say in their early 20s.

The dose of finasteride in Propecia is 1mg, a fifth of that contained in Proscar, used in treating benign prostatic hyperplasia. Possible side effects include decreased libido, decreased seminal ejaculate and impotence.

In pregnant women the drug can result in ambiguous genitalia in any male foetus. The drug is therefore to be regarded unsuitable for women. In fairness, these side effects have mainly been observed at the higher dosage employed in the treatment of BPH.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.

ACTION PLAN

1. Using the article and any other references you find, make a table in your practice workbook of hair abnormalities (including hair loss) as related to disease.
2. In a similar manner, produce a table relating drugs to hair abnormalities.
3. List the pros and cons of using minoxidil lotion for treating hair loss. Consider the advice you give to customers on hair loss. Do you recommend minoxidil? Has your judgement changed since reading this article?
4. How many of your patients with thyroid disease have hair loss problems? For the next 20 patients with thyroid active drugs, note the ratio of those with normal hair compared to thin hair.

ShockWaves leads the styling market with major relaunch

In one of Wella's biggest initiatives this year, the UK's number one brand of hairstyling products, ShockWaves, has undergone a major relaunch making it even more relevant to its youth target market.

ShockWaves is the most popular choice among consumers under the age of 24 and also has the youngest male user profile of any hairstyling brand.

Youth attitudes

The secret of ShockWaves success? Understanding what young consumers want – not just in terms of hairstyle but also in terms of lifestyle. In response to extensive research carried out by Wella, New ShockWaves has been developed to deliver exactly what they want – uncomplicated, easy to use styling products that don't leave the hair sticky.

New ShockWaves

- Impactful new packaging – a modern blue look to ensure shelf stand out
- Revitalised range – with clear colour coding making product selection easier at point of sale
- A state of the art, new Micro-Diffuse Formula from Wella which gives long-lasting hold and control, without overloading the hair.

ShockWaves: leaders in hair fashion

Leader in hair fashion

ShockWaves has always been synonymous with hair fashion and new ShockWaves has a stunning range of 16 products to suit all of today's hairstyling requirements. The range includes mousses, styling sprays, gels, gel sprays, waxes, glosses and creams. And to meet the current trend for sleek, shiny natural looking hair, there are two innovative new products:

- Strong Frizz Free Styling Cream
- Creative Shine and Define Gloss.

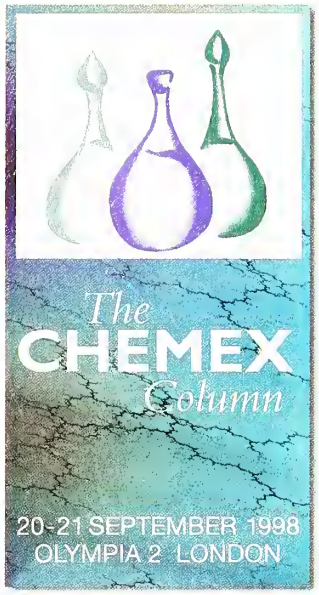
Exciting support

A brand new, ground breaking advertisement entitled 'Gorilla' will form the cornerstone of a massive £3.5 million support campaign running from August to December. The humorous ad will be shown on TV and cinemas nation-wide and asks why hair gets so messy in the morning. The answer lies with a gorilla! Not only does the ad enhance ShockWaves' individuality but Wella is confident it will be one of the most talked about campaigns of the moment – ensuring that the market leader stays well ahead of the competition.

ShockWaves sponsor MTV Hot.

Still from ShockWaves hilarious 'Gorilla' ad

WELLA



Major OTC companies join new Chemex Village

The new OTC Village at Chemex '98 is attracting participation from major companies like Crookes Healthcare, Smithkline Beecham Consumer Healthcare, Roche Consumer Health and Chefaro Proprietaries.

OTC companies like the village concept because it recognises their need to communicate with pharmacies as health care professionals.

The area will have its own symposium theatre so OTC manufacturers can present half hour educational sessions on both days of the exhibition.

Each symposium will be reproduced within a special publication to be distributed with *C&D* after the show.

The OTC Village will provide a platform for Crookes Healthcare to launch two new winter brands.

Visitors will be able to sample these products and enter a free prize draw. A major promotion will offer the pharmacist a high POR on the company's brands.

Crookes Healthcare will be offering advice and help on the new regulations on analgesics which come into force on September 16. New planograms will be available for pharmacy use.

Roche Consumer Health plans to use the show to launch its Vitamins Training Module for pharmacy counter assistants, in conjunction with *C&D*. The module is designed to help pharmacists retain their VMS business in the face of competition from grocery multiples by emphasising their ability to offer personal help and advice. The company's symposium will focus on the best ways to increase VMS business.

On its stand Roche will offer category management advice and a tailored planogramming service. There will be taste testing on Redoxon, Sanatogen and Sanatogen Start-up! plus competitions on Rennie Deflatine and the new Radian-B range, as well as merchandising materials.

Barry Clements, general sales manager for Chefaro Proprietaries, believes the village concept will attract many more pharmacists and pharmacy staff to the exhibition.

"We have not participated in Chemex for some years now as it seemed to have moved in a direction away from the OTC sector of the pharmacy business," he says. "However, the OTC Village concept will give a much greater focus to companies like ourselves.

"As a company, we are only too aware that we are unable to visit every pharmacy in the UK and believe that the OTC Village at Chemex '98 will give us an ideal opportunity not only to talk to our existing customers but begin to develop relationships with many new ones."

Chefaro will be featuring four key brands at the exhibition: Jungle Formula, Vitalegs, Equilon and Predictor.

The company will focus on the treatment of irritable bowel syndrome during its symposium.

Visitors to the Chefaro stand will have the chance to be pampered with a free foot and leg massage using Vitalegs herbal gel.

Another OTC Village participant is Ceuta Healthcare, whose managing director Edwin Bessant is also enthusiastic about the OTC Village concept.

"It will take pharmacy forward by providing a forum for a development of ideas between OTC companies and pharmacists," he says.

Ceuta will exhibit key OTC brands including Bayer's Canesten, Alka-Seltzer and Autan. Treatment of thrush will be the topic of the company's educational symposium.

Don't miss out on special hotel deals for Chemex

Visitors to Chemex '98 next month are being offered a wide range of discounted rates at hotels near the Olympia venue.

These special deals have been negotiated with Res-O-Tel Hotel Reservations by the organisers.

A few places are still available at the Hilton National Olympia, a modern four-star hotel two minutes' walk from Olympia.

Other four-star hotels include the modern Copthorne Tara Hotel in Kensington High Street, where a single room with bath costs £99 instead of the full rate of £160.

Traditional style K&K Hotel George, in a quiet residential street ten minutes from Olympia, offers a twin room with bath for £113, including English breakfast.

There is also a choice of three- and two-star hotels within 15 minutes of Olympia. Prices start at £52 for a single room with bath at the two-star Plaza Continental.

Discounted prices are guaranteed by Res-O-Tel if reservations are made by August 21.

Res-O-Tel Hotel Reservations.
Tel: 0181 542 6611.

The Copthorne Tara is offering a single room with bath for £99

Win £1,000 of travel vouchers

If you pre-register for Chemex '98 by September 1, you will be entered in a prize draw to win £1,000 worth of holiday vouchers.

To obtain complementary pre-registration forms to the exhibition, telephone the ticket hotline on 01203 426482 or fax 01203 426483.

contains paracetamol, codeine & caffeine

POWER WINDOW COMPETITION

Everyone's a winner!

We received on excellent response to the ***Solpadeine*** *Power Window Competition during April & Moy ond the disploys were omozing. Although the competition winners ore shown here (they eoch will receive £100 worth of book vouchers), oll those who creoted o window were winners, thonks to increosed soles of* ***Solpadeine,*** *ond hence profit.*

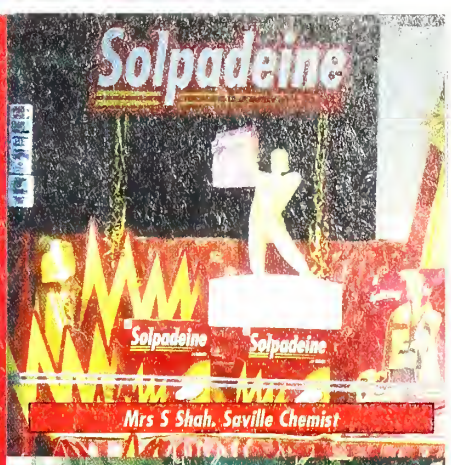
Solpadeine *continues to be* ***Pharmacy's No1*** *analgesic.**

To further strengthen ***Solpadeine's*** *position we will invest o further £1m with TV in September, using the some successful odvert thot aired during Morch & April this yeor. We will olso be running a £1/2m heovyweight interactive regionol press compoign to torget our core users.*

The lounch of ***Solpadeine MAX*** *is motching the high expectotions we hove for it ond will be supporting the lounch with o £1 million heovyweight press & poster compoign from September through to December.*

So don't worry if you weren't a window winner, stock up on ***Solpadeine*** *tablets, capsules and soluble and win the battle for customers.*

POWER TO HIT PAIN... WHERE IT HURTS



Mrs S Shah. Saville Chemist

J E Hodgson Ltd. Darlington

W B Hulme Chemist. Chesterton

Dolman. Burton-Upon-Thames.

PHARMACY

Wootton Pharmacy. Bedfordshire

Dropping in at the local ...

Dipan Shah relocated his Weymouth pharmacy into a pub so he could expand into complementary therapies and develop his professional services. He talks to Adrienne de Mont about his unusual venture

Dipan Shah in his pharmacy. In the background is the glass-sided office where Sejel can watch the pharmacy while she works

Dipan Shah gives advice about medicines at what used to be a bar and dispenses in what was once a yard for beer barrels and dustbins.

No-one has yet asked him to pull a pint, but he has already had three out-of-hours parties since moving the original St John's Pharmacy into the old Star and Garter pub in Crescent Street.

The first party was when the mayor officially opened the pharmacy on March 23. A month later he had another celebration for 100 guests including the local MP, health authority chairman and director of primary care. And this week the glasses were due to come out again for the official launch of a beauty studio in what he hopes will become a major part of the business – St John's Bodycare.

Dipan aims to build up a New Age pharmacy to meet the growing consumer demand for holistic body care and take advantage of the professional opportunities offered by the new Dorset contract, in which pharmacists will be paid for additional services (*C&D* January 24, p4).

A large area of the front shop is devoted to complementary remedies – mostly aromatherapy, homoeopathy and dietary supplements. Behind the pharmacy, but connected to it, is St John's Bodycare which comprises a beauty salon, toning tables and three treatment rooms where qualified practitioners offer acupuncture, aromatherapy, reflexology, chiropody, healing Shiatsu, herbal medicines, homoeopathy and hypnotherapy. This area is managed by Dipan's wife Sejel, who gave up her accountancy training to work in the pharmacy.

Dipan had no inkling, when registering as a pharmacist in 1990, what he would have achieved less than ten years later. Training at Leicester School of Pharmacy and Dallas Chemists, he intended to become a proprietor eventually, but took a couple of diversions along the way.

Representative move

He started at Kingswood Chemists and took a part-time diploma in marketing which he finished after joining Glaxo as a medical representative two years later. He was promoted to Glaxo's health service executive team, visiting health authorities in the North Thames, Oxford and Anglia Region, then in 1994 he moved to a similar position with Eli Lilly. In June 1995 he bought St John's Pharmacy in Weymouth.

"I wasn't seriously looking to buy a pharmacy at that stage, but I came across this interesting, small business which I could afford (with the help of a loan from AAH!). It was an exciting opportunity to move outside London where businesses are so much more expensive and young pharmacists have great difficulty repaying bank interest because of the poor NHS returns," he says.

Within six months he realised there was a limit to the pharmacy's potential unless he relocated to larger premises. The Star and Garter pub was just over 200 yards down the road and next to a health centre housing seven GPs. The pub had been one of the most popular in Weymouth at one time but had steadily declined and needed an enormous investment to restore it to its former glory.

He made the owners an offer but they wanted much more than he was prepared to pay. He shelved the idea, then a couple of months later they rang to ask if he was still interested and in January 1997, he had clinched the deal. By the following July the health authority had granted permission for a minor relocation and Dipan had asked an architect to draw up plans, which involved knocking down walls and extensive restructuring. Once he had obtained planning permission, a local builder took three months to carry out the work and local shopfitters finished the job in three weeks.

Meanwhile he was running the old St John's pharmacy right until the Saturday before the Monday he was due to open the new business. He and his wife, both their parents and all the staff spent from 6am to 2am that weekend moving the stock.

"It was a huge team effort and my staff were excellent. We were absolutely shattered, but it was a

Beautician Emma Neale puts a customer through her paces on the toning tables

Dipan and Sejel outside the pharmacy. The 'Entrance to Garter bar' sign is the only clue to the pharmacy's past

real treat to see the place come alive, having dreamed about it for 18 months, and to see it come out even better than we had hoped," he says. "We had taken a huge gamble but strangely we hadn't been all that worried. I suppose we had been too busy planning to worry, and at the end we were running on adrenaline."

The only indication that the pharmacy was once a pub are the brown glazed walls outside and a sign saying 'Entrance to Garter Bar'.

"The building still has so much character and history associated with it and it's brilliant listening to customers' memories. There was a large function room upstairs where many of my older customers danced the night away and one 80-year-old told me he had had his first kiss in this place!"

Although the pharmacy has moved from the busy seafront to a quiet road, the turnover has probably doubled.

Roaring success

"The OTC medicines and dispensing side are already a roaring success," he says. "Now it's a matter of making sure the complementary therapies and beauty side pay their way."

The GPs next door are in partnership with another local practice of four doctors and together they serve about 15,000 patients – almost a quarter of Weymouth's population.

"As the health centre is purpose-built the doctors are unlikely to move so my dispensing income gives me a rock solid foundation on which to build St John's Bodycare. Similar businesses have failed because they have not had this solid foundation. My toning tables, for example, came from a business that closed down."

Soon after the pharmacy opened he started advertising for alternative therapists.

The Star and Garter pub before it was converted into the pharmacy

"I'd already had inquiries from various practitioners as a result of press publicity about the opening, and word had got around about what we were hoping to do. We laid down strict selection criteria – they are all well qualified and experienced in their field and have the correct professional indemnity as well as being registered with the appropriate bodies."

There are now eight therapists. He does not charge rent but collects a percentage of their fees. All are based on the ground floor so that the elderly and less mobile have easy access.

Another way he caters for Weymouth's large retired population is by devoting a section of the front shop to the Vantage Home Health aids. He also stocks the Hotter range of comfort footwear. He hires out wheelchairs from £3 an hour to £20 a week, which he publicised by a leaflet drop.

St John's is one of the ten Dorset pharmacies for whom the health authority has paid £1,000 towards the cost of a touch screen Pharmacy Information Point. He finds that head lice, women's problems and travel health are the most popular topics.

The pharmacy also stocks a full range of Family Doctor booklets, books on complementary therapies and leaflets on dietary supplements.

He is surprised at the growing interest in complementary medicines: "Because they are high value products, on some days I take more income from them than I do from pharmacy medicines," he says.

He also offers blood pressure testing for £1, cholesterol testing for £10 and blood glucose for £5 – or £14 for all three.

In winter he opens from 9-7pm on weekdays and on Saturday mornings. In summer he opens all day Saturday and for four hours on Sunday as well, although his business is mostly with local people rather than holidaymakers.

He and his wife are there full-time. Sejel does the bookwork in a small glass-walled office next to the dispensary, from which she can keep an eye on the front shop. The pharmacy has a full-time dispensing assistant and five part-time counter assistants, while St John's Bodycare is run by a staff of six part-timers.

He has worked closely with local surgeries since coming to Weymouth and has helped them with PACT data and incentive schemes. Under the new Dorset contract he has applied to take part in a patient referral scheme in which he gives patients a form to take to the doctor if he thinks they need medical advice. He is also hoping to become involved in supervised methadone consumption and a needle and syringe exchange scheme. Repeat dispensing is another possibility for the future.

"The Dorset pharmacy contract has been a little slow to take off, as the health authority has had to put a lot of meat on the bones, but we hope to have new schemes up and running in the next couple of months. It's an excellent idea, because it's getting pharmacies to use their expertise in other areas besides dispensing."

His marketing skills prompted surveys on customer needs and he plans to use the evidence to sell augmented services to the health authority one day.

Dipan and Sejel have still to decide what to do with the three floors above the pharmacy.

Three more floors

"If we had the finance we could do all sorts of interesting things such as open a gym or fitness centre, or even a hairdressing salon. We've got planning permission for four one-bedroomed, self-contained flats, and a housing association is interested, so that's probably the way we'll go," he says.

Dipan has optimistically taken up golf and is hoping to take alternate Mondays off to get into practice for a golfing holiday in Portugal this October. He also intends to go ski-ing for two weeks this winter.

He wonders whether he will get itchy feet after two years, as he has never before stayed in the same job for longer than this.

"My wife and bank manager sincerely hope I won't, but I think there will be enough challenges here to keep me occupied for the next ten years until I have paid off my debts! And I'll still only be 40.

"The thing I'm most proud of is to have designed and developed something from scratch – something that's unique. It's not a question of how much money I might earn from it, but that I have created something completely different. I think very few pharmacists have that sort of job satisfaction."

The Polish revolution in the pharmacy

Poland's pharmacies have changed beyond recognition since communist rule ended and the free market arrived. Felix Corley visited a modern pharmacy in an old setting in central Warsaw

The pharmacy on Nowy Swiat was a private pharmacy until 1951

Nowy Swiat is Warsaw's grandest shopping street, lined with small boutiques selling designer clothes and jewellery. Although largely reconstructed after Hitler ordered the city to be flattened in 1944, the street has a pleasant, pre-war look, an oasis of calm amid Warsaw's traffic-choked streets.

On the corner at the bottom of the street stands Anna Przybysz's pharmacy, small but neat and well-stocked. The pharmacy interior immediately stands out for its charming Gothic wooden panelling around the walls. Old-fashioned phials decorate the upper shelves. Above the front door an inscription declares that the pharmacy was founded in 1851.

It is three o'clock on Saturday afternoon and the pharmacy is about to close after a busy day. In the office at the back, Anna Przybysz shows me an aerial photograph of the street as it looked in 1945.

Surviving the bombs

The pharmacy is one of the few buildings still standing amid the rubble of Nowy Swiat, although it too has suffered heavy damage. The Poles are proud of their hard work in rebuilding their war-damaged city. The pharmacy building is listed and any renovations inside or out need prior approval. The wood-panelling only survived the war by being moved to a place of safety away from the city centre.

"This was a private pharmacy until 1951, when it was nationalised by the Communist government," Anna explains. "It remained in state hands until 1989, when I bought it together with my sister, Paulina. It was not easy to get together the money to buy it."

At the time Anna, who has a master's degree in pharmacy, was working elsewhere in Warsaw. "But this was always my favourite pharmacy. I was only interested in this one."

There are currently 15 employees, nine of them pharmacists and the rest technicians, accountants and cleaners. Staff work in two shifts, as the pharmacy is open from 8am to 8pm from Monday to Friday, as well as opening until 3pm on Saturdays. It does not operate emergency late-night opening.

Free health service?

Anna explains that while the health service in Poland is free, there are now a lot of private doctors or co-operative practices. Their patients have to pay for visits to the doctor and any medicines prescribed.

Health service prescriptions are divided into three categories, depending on the type of condition being treated and the medicine. Patients can pay anything up to 100 per cent of the cost of their medicine. Certain patients, such as diabetics, who need regular treatment with medicines, come into a separate category.

"Medicines generally are expensive," Anna admits. "The cost of imported medicines in particular can be a lot for people. Polish equivalents are usually cheaper. The pharmacist has a legal obligation to tell customers if there is a cheaper Polish equivalent to the medicine the doctor has prescribed. It often happens that people choose the Polish equivalent because of the difference in price."

Has the change in the economic system with the ousting of the Communist regime impacted on the Polish pharmaceutical industry?

"Absolutely," Anna replies without a moment's hesitation. "There was no choice before, only Polish, Soviet or Czechoslovak products. There are more medicines available now, and Polish producers have had to keep up with the changes. Medicines have improved in quality, the packaging has become more attractive and more information is provided about the product. Many Polish pharmaceutical companies have now linked up with the large, well-known international companies."

As Anna pauses for a moment to check a couple of bills and the day's takings, we are joined by Paulina's daughter Agnieszka, who is in her second year of pharmacy studies at the medical academy in Warsaw. She often stops by at the pharmacy to get some hands-on experience, although as a student she is not yet able to dispense medicines.

Pharmacy training

"It takes five years' study to get a master's degree," she explains, "which you need to be able to practise. There are higher degrees as well, such as doctor of pharmacy". Some 160 people began the five-year course in Warsaw, but Agnieszka reveals that probably, only about 120 will stick the course.

In addition, there are other colleges in Poland's major cities. There are also two-year courses for pharmacy technicians in higher education colleges. Such technicians can perform a more limited set of tasks.

Anna and her sister own just this one pharmacy, but it is now possible to own more than one, and this is gaining in popularity. However, so far there are no chains owning pharmacies all over the country. But other changes have also hit the profession. Non-prescription drugs can now be bought elsewhere. "You can buy Panadol in petrol stations now," says Anna, with a hint of disapproval.

Restrictions

At the same time, pharmacies are restricted to selling prescription and non-prescription medicines, plus a small range of other products, such as cosmetics and suncream, that have received approval from the Polish Institute of Hygiene. This restriction is designed to maintain pharmacists' reputation for integrity.

Has the prospect of European Union accession impacted on the ordinary pharmacist? Anna can think of no impact so far, while Agnieszka notes that speaking foreign languages has become more popular among pharmacy students, although there is no requirement to speak anything other than Polish. "People think that one day they might like to work in another country."

Despite the hard work involved, Anna clearly relishes her job and is proud of her business in one of Warsaw's most desirable locations. "The work can make you very tired, standing for seven hours at a time. And even the doctors sometimes make mistakes on their prescriptions which are discovered and have to be sorted out in the pharmacy. There are many responsibilities and many difficulties, but it is a nice job to have."


Anna Przybysz in her Warsaw pharmacy

More of a fine than an allowance

I would like to respond to your **Topical Reflections** (*C&D* July 4, p7) regarding the postgraduate education allowance for GPs.

Up until the new contract in 1990, we received some reimbursement for travel and subsistence for postgraduate courses. This was changed, and in order to encourage GPs to take part in postgraduate studies, the Department of Health (in its infinite wisdom) decided to use a stick rather than a carrot.

It announced that £2,400 would be withheld from our remuneration if we didn't accrue our annual five days (actually 25 days spread over five years), while withdrawing travel and subsistence allowances. We also have to pay the course fees and locum expenses to cover our absence from duty so it's not quite as feather bedded and rosy as it might appear at first sight.

Last year, a two-week residential course which earned me ten days PGEA credits cost me the best part of £4,000 to attend, including travel, locum fees etc. Admittedly this is two years' worth, but in five years' time, I suddenly lose ten days' worth of the 25 days required, so I still have to watch out that they don't take pay away from me!

It is difficult to understand the fine details of how we all earn our crust, but I felt that I should try and demonstrate that what appears to be a little pot of gold is, in fact, a fine that isn't imposed if we toe the line.

I'm sure that the DoH would be more than happy to apply the same system to pharmacists if you wished it, and the fine could be £10 or £10,000 – it wouldn't really matter. However, I would not recommend it as the accredited courses have to be approved by a postgraduate dean of general practice, which, of course, costs money. This has resulted in fees going up and the variety of subjects going down.

Dr Richard Lynch-Blosse
Clifton Hampden, Abingdon

Ups and downs with thyroxine prices

May I be allowed to use your columns to bring to the attention of any of your readers who use the Norton Advantage scheme the current price of Thyroxine 50mcg and 100mcg from the company.

The Drug Tariff price for July was £4.15 for thyroxine 50mcg, but from Norton I was being charged a net price of £13.94, and this was after any discounts. The July Drug Tariff price for thyroxine 100mcg was £5.70, but the net price through the Norton Advantage scheme was £16.47 during that month.

I queried this with Norton who confirmed that these prices were the correct ones for July.

Since then I have been told that Norton will be issuing credits to bring purchases in line with the Tariff prices for July!

Mark Ashmore
Oldham

Norton Healthcare responds: *"Your correspondent is correct that there have been price increases on thyroxine. The reason for this is that following the introduction of a new computer system we are now able to establish the definitive cost of every product that we produce.*

As a result, it was found that we were making certain products at a loss. We consider it more important from a customer service perspective to offer a complete product portfolio of generics and branded products rather than 'cherry pick' those that are profitable to us.

However, we are aware that there is, at times, a delay in the Drug Tariff catching up with any increase implemented, and for this reason, as a matter of policy, we offer any Norton Advantage member credits to net the price down to existing Tariff price on these products."

PC4 going OTC – does anyone else agree with me?

I am anxious to make contact with pharmacists who, like myself, are opposed to the OTC supply of emergency oral contraception which our professional body is so anxious to impose upon us.

I would be most grateful if you could publish a request for such pharmacists to get in touch with me at 12 Stanley Road, Hoylake, Wirral, Merseyside L47 1HW or by telephone on 0151 632 1448.

Rosemary Baker
Hoylake, Wirral

Asda launches 'micro pharmacy' pilot

Asda is setting up a network of in-store 'micro pharmacies' without NHS contracts – the aim is to give its pharmacists the time and freedom to concentrate on giving health care advice.

The first trial micro pharmacy was opened at Asda's store in Killingbeck, Leeds, last week. Another is set to go live in about five weeks. *C&D* understands Asda may open about 50 nationwide, although the exact number will depend on customer demand.

Asda has been seeking pharmacists to run the new network through an agency and through advertisements in the pharmacy press. It said about 50 pharmacists had applied through the agency – it was too early to gauge how many had responded to the advertisements.

John Evans, Asda's superintendent pharmacist, said the concept was a hybrid of Lloyds Pharmacy stores and Asda's established non-dispensing pharmacies.

He added that Asda was responding to customers' requests to supply pharmacies. The chain had applied for an NHS contract for its Killingbeck store but was turned down. It therefore decided to go ahead without a dispensary.

Killingbeck's micro pharmacy comprises three bays, each about 1.3 metres wide and 2 metres high, and stocks about 280 medicine lines. There is also a 'Pharmacy Information Point' touch screen system, from a deal with Active Response, as well as a consultation area and tills.

Each micro pharmacy carries a detailed list of local independent pharmacies that have agreed to dispense its customers' prescriptions. Mr Evans said customers were free to choose any pharmacist on the list.

Asda wrote to 20 pharmacists around Killingbeck and six offered their dispensing services. The pharmacies are within a two-mile radius of the store.

Active Response will be meeting Asda next week to decide whether the system should also store the pharmacists' details.

Each micro pharmacy will open for 40 hours a week, although Mr Evans said this could be extended to meet customer demand. One pharmacist will be in charge in each pharmacy.

He stressed the chain did not want to take trade away from community pharmacists. "We're working together – they keep that part of their business [dispensing]. We're not faxing our prescriptions to our own dispensing pharmacies, although we could have done," he said.

Asda's 'micro' pharmacist is in an ideal position to offer advice because he or she was not tied to a dispensary. "It's often been said you can't get health care advice from supermarket shelves. We want to give that advice and there's no-one better qualified to do that than a pharmacist," said Mr Evans.

The chain may extend the consultation service into specialist areas, such as diagnostics.

While prescription medicines usually account for 70 per cent of independent pharmacists' turnovers, Mr Evans said the volume of customers at a typical Asda store would make its micro pharmacy viable. "An Asda store could have about 60,000 customers. Even with a 40-hour week, about 20,000 customers could go into the pharmacy. I think there's enough mileage in our format to work," he said.

The concept is a potentially lucrative deal for Active Response. Warwick Bean, its marketing director, said the screens could also be installed in other Asda stores if they become popular in the micro pharmacies.

It is committed to providing a touch screen system in every micro pharmacy.

Gehe sells Nature's Store wholesaler

Gehe has sold Nature's Store, a health foods and natural products wholesaler, to a management buyout team for £2.6 million.

The team is led by Nature's Store's managing director Maurice Wilson and its finance director Ray Parkinson. It received equity funding from venture capitalist 3i.

Mr Wilson said the directors had a majority stake in Nature's Store.

Based at a 50,000 sq ft site near Stoke, Nature's Store supplies nearly 6,000 lines to about 900 independent retail health food shops across the country. It also markets brands such as Comperlean, Ord River Tea Tree, a fragrance-free tea tree oil range, and Chinese Whispers, a product that treats head lice and dust mites.

The company's customers include pharmacists.

Unichem launches financial newsletter

Unichem has launched a quarterly financial newsletter called *Financial Update*.

Each issue will provide advice on pharmacy issues and explain Unichem's range of financial services. The first, which was sent out at the end of last month, included articles on subjects such as buying a pharmacy and business planning.

Unichem's financial services manager John Jaquiss said he hoped the newsletter would encourage pharmacies to liaise with Unichem more often.

Zeneca expects US approval for Nolvadex anti-cancer drug

Zeneca is confident it can gain US approval for Nolvadex, its treatment for breast cancer.

The group is meeting US regulators on September 2 and expects the product to be approved soon after. Nolvadex was recently involved in a US trial that overwhelmingly endorsed the drug's efficacy, according to Zeneca.

Chief executive Sir David Barnes said the trial had enormous statistical power. "There's a 100,000 to one chance of the trial not being an accurate indication of the drug's efficacy," he said.

The news comes as Zeneca announced interim results in line with expectations.

A strong pound and south-east Asia's economic slump knocked $154 million off its sales, which rose 5 per cent to $2.9 billion for the six months to June 30.

Zeneca's chief executive Sir David Barnes: expects Nolvadex to gain US approval as the first drug to prevent breast cancer

Zeneca's pre-tax profits fell 2 per cent to $654 million. Jon Symonds, Zeneca's finance director, said sterling's current rate would not hit its profits as hard by the year end. The strong pound is expected to cut its potential profits by about $30 million during the second half.

Zeneca's pharmaceutical sales, driven by the company's strong performance in the US, grew 9 per cent to $1.337 billion. US sales were up 22 per cent to $624 million.

New products (launched after 1995) accounted for 25 per cent of its pharmaceutical sales. UK sales, affected slightly by "pricing pressure", grew 6 per cent to $92m.

Accolate, launched in the UK about three weeks ago, was Zeneca's best performer in the primary care category. Its sales leapt 137 per cent to $45m. Zestril's sales, however, grew only 1 per cent to $308m, and Tenormin was down 10 per cent to $148m.

The group's oncology products performed better: Zoladex sales were up 6 per cent to $182m, while Nolvadex was up 5 per cent to $159m.

Sir David said Zeneca's pharmaceutical performance was as good as its main competitors', but investors were not so certain about its overall results. The company's share price rose 15p to 2,280 after the results were announced; as *C&D* went to press it had slipped back to 2,264p.

Zeneca's agrochemical sales, meanwhile, rose 5 per cent to $1.065bn, while specialties sales fell 5 per cent to $434m.

Shire shares dive after explosion at key plant

Shire Pharmaceuticals lost more than a quarter of its stock market value last week, after an explosion damaged the US plant that supplies active ingredients for its Adderall and Dextrostat products.

The two drugs, which treat attention deficit hyperactivity disorder, accounted for 63 per cent of Shire's revenue in the six months to June 30.

Days after the explosion at New Jersey-based manufacturer Arenol's plant, Shire's shares had fallen 25.5 per cent to 356.5p.

Stocks of the drugs should last about four months.

Warner Lambert in GP prescribing drive

Warner Lambert has given Kestrel Healthcare, a third party marketeer, a four-year contract to promote, market and sell Lyclear Dermal Cream and Anusol HC to GPs.

Julie Stott, the drugs' brand manager, said Warner Lambert was still committed to supporting pharmacists.

"We're not taking away our pharmacy support – we're just trying to increase GP prescribing of the drugs. This might help increase sales of the brands through pharmacies," she said.

Most of the brands' business, she added, stemmed from prescriptions.

AAH Pharmaceuticals will be supplying the brands on behalf of Kestrel. Under the previous arrangement, Warner Lambert was the distributor.

Pharmacists with orders should call AAH's agency service at tel/fax: 01925 242643.

Chiroscience sells its stake in Chirotech

Chiroscience Group has sold a 30 per cent stake in Chirotech Technology, its chiral products and services subsidiary, to Ascot for $30 million in cash.

Ascot provides chiral and speciality chemical products and services. The company already has links with Chiroscience through a subsidiary called Mitchell Cotts Chemicals, a contract manufacturer that has been supplying Chirotech for five years.

The alliance will enable both companies to combine their strengths to gain more contracts in the life science market.

AAH restructures to focus on independent pharmacists

AAH Pharmaceuticals has restructured its marketing department with a greater focus on independent pharmacists.

The department, led by Steve Dunn, AAH's marketing director, is divided into four teams dealing with brand development, category management, knowledge management and customer technology. AAH said it would also be increasing its focus on developing information technology.

Anne Tattersall, formerly product group manager at GE Lighting, is now AAH's brand development manager. This section has five brand managers, including three new recruits to AAH: Jayne Harrison, formerly a marketing manager in Bahrain, is the section's brand and events manager; Justin Rocyn-Jones, formerly sales and marketing manager for an orthopaedic supplies manufacturer, is own label brand manager; and Dr Mandeep Singh Mudhar, a pharmacist and former lecturer in pharmacy practice at Aston University, has been appointed professional services manager.

They are complemented by Christine Morris, brand manager for Vantage programmes, and Lisa Meadows, health care brand manager.

AAH has yet to appoint a trade and category brand manager. The section's team comprises category managers: Peter Blundell for ethicals, Pat Bunn for OTC medicines, and Steve Malone for OTC health and beauty. Andrew Morris is merchandising manager. A channel manager will be appointed shortly.

The wholesaler's knowledge management section is led by Andy Anderson, its information marketing manager. His team comprises Kath Bishop, formerly market research manager of a carpet manufacturer, now research and competitor analyses manager; Ushma Kotecha, buying co-ordinator, who was assistant merchandiser for Pierre Sangan; and Lil Stott, supplier services manager. AAH will also recruit an information manager.

David Watkinson, AAH's former marketing manager, has been appointed customer technology marketing manager and leads a team of seven. The team will develop computer programs and facilities for independent pharmacies. It will concentrate on Intranets, the Internet and the programs pharmacists can access through these sources.

Mr Watkinson is complemented by four of AAH's IT specialists. They are backed by Geoff Mackay, product development manager, who was formerly development manager at Gehis, the computer division of Gehe. Two Link co-ordinators complete the team.

Mr Dunn said: "The benefits of drawing together such a diverse range of skills will soon begin to show results for our customers, which will enable them to become more confident about the future of pharmacy."

(l-r) Andy Anderson, information marketing manager; David Watkinson, customer technology marketing manager, Steve Dunn, marketing director; and Ann Tattersall, brand development marketing manager

Grafton International, the family-owned distributor of beauty and toiletry products, did not have to worry about staff relocation when it moved recently. Its new premises are literally yards away from the former HQ on the Birchbrook Park industrial estate at Shenstone, West Midlands. The move has doubled both its warehouse capacity and office space. Pictured from second on the left, front row are Grafton directors Gareth, Pat and Jon Hardwick

Astra UK sales down 18pc

Astra's UK sales fell 18 per cent during the first half to June because of competition from parallel imports. The group's European sales grew 7 per cent to SKr12.5 billion (£979 million). Its global sales grew 15 per cent to SKr13 billion, while pre-tax profits were up 21 per cent to SKr4.3 billion.

Pharmacy sales fall by 6 per cent

Pharmacies' sales fell 6 per cent in July, compared with the same month last year, according to the Confederation of British Industry's distributive sales survey. CBI said the drop was the first one pharmacies had experienced since November 1996.

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TRADE LESS 40%+VAT - 2 Aerocrom Syncroner (exp. 12/98). Tel: 01702 544104.

TRADE LESS 20%+VAT - 2x Zoladex L.A. Inj (exp. 1/99). Tel: 01903 752191.

TRADE LESS 40%+VAT - 60 Tambocor 100mg (exp. 8/02), 600 Creon (exp. 8/99), 90 Faverin 100 (exp. 7/00), 56 Lamictal 100mg (exp. 6/00), 60 Ridaura 3mg (exp. 5/02). Tel: 01767 650334.

TRADE LESS 25%+VAT - Zocor 20mg PI's (exp. 9/99), Hygroton 50mg (exp. 8/02), Flixotide 125mg (exp 7/99), Salazopyrin supp. (Exp.4/02). Tel: 01226 383225.

TRADE LESS 30%+VAT - Atrovent Forte inh. (Exp 6/00), Bricanyl respules (exp. 2/00), Herpid paint (exp 7/99), Meptid tabs (exp. 11/99), Megace 40mg (exp. 10/99), Molipaxin 100mg (exp. 10/02), 150mg (exp. 10/00). Tel: 0115 978 5744.

ABOUTpeople

Premier FIP award to Sharpe

London pharmacist David Sharpe's contribution to international pharmacy has been recognised by the Board of Pharmaceutical Practice of the International Pharmaceutical Federation (FIP).

Mr Sharpe is to receive the 1998 André Bédat Award, the FIP's premier award, for an outstanding contribution to international pharmacy.

David Sharpe has been a high profile figure in pharmacy politics in the UK and internationally for three decades. He was a member of the Council of the Royal Pharmaceutical Society of Great Britain for 30 years and has also served as president and treasurer. As chairman of the Pharmaceutical Services Negotiating Committee and a member of the Board of Management of the National Pharmaceutical Association he defended the interests of the community pharmacist.

Mr Sharpe represented the RPSGB on the Council of FIP from 1982 to 1988 when he was elected as a vice-president of the federation, a position he has held for the past eight years

As chairman of the Community Pharmacists Action Group, Mr Sharpe defended resale price maintenance and made many media appearances to explain the impact of abolishing it.

His own pharmacy in North London sets standards for community pharmacies. Its clean design and shopfittings complement the professional service, with three new consulting rooms due to open shortly.

Award winner David Sharpe

First past the post

Ruth Harvey receives her certificate and a bottle of champagne from Mel Smith (right), watched by pharmacist David Liddington (left)

Congratulations to Ruth Harvey, the first pharmacy assistant to complete the National Pharmaceutical Association's Skills Development training programme.

Ruth, who has worked at David Liddington Chemist in Rugby, Warwickshire for 14 years, was presented with a bottle of champagne by Mel Smith, professional relations manager (pharmacy) at Reckitt & Colman, sponsor of the course.

The skills development programme is designed for all assistants irrespective of whether they have completed an accredited training programme. It concentrates on retail skills rather than medicinal knowledge.

Hull celebrates 50 years of health care

Reckitt & Colman, the National Pharmaceutical Association and the Royal Pharmaceutical Society of Great Britain joined forces to raise the profile of pharmacy during the NHS 50th anniversary celebrations in the Hull area.

To celebrate the anniversary, local health care trusts commissioned *The Health Journal* – a 32-page A5 magazine covering all aspects of health with a local flavour.

The pharmacy page, sponsored by Reckitt & Colman, featured an article contributed by the Society on pharmacy in Hull over the past 50 years, as well as an NPA article encouraging people to visit their pharmacy, and a local pharmacy directory.

Council representatives north of the border

Only two nominations were received for the two representatives of Grampian/Orkney/Shetland on the Scottish Pharmaceutical Federation Council, so Alan Cruickshank and David Forbes are duly elected.

The other members of the Executive Council are: Argyll & Clyde – Andrew Taylor; Ayrshire & Arran/Dumfries & Galloway – W Scott McConnell and J Gilmour Milligan; Fife – John Hughes; Forth Valley – Frank Owens; Greater Glasgow – Elizabeth McConechy, Elizabeth Roddick and Iain Smyth; Highland/Western Isles – Ronald Shiels; Lanarkshire – Ian Johnstone; Lothian/Borders – George Allan, Thomas Beattie and Kenneth Black; and Tayside – Ewen Jenkin.

● The annual general meeting of the members of the Scottish Pharmaceutical Federation will be held on Thursday, September 24, at 10.30am in The Institute of Chartered Accountants of Scotland, 183 Bath Street, Glasgow.

APPOINTMENTS

New face at the CSA

Mark Nelson

Mark Nelson MPSNI has been appointed as assistant director in the Pharmaceutical Directorate of the Northern Ireland Central Services Agency for Health and Social Services. After graduating from Queen's University, Belfast in June 1988, Mr Nelson completed his pre-registration training with John Kirk in Belfast. He then spent eight years working with Belfast Co-op Chemists.

He will assist Ronnie McMullan, director of pharmaceutical services, in achieving the Agency's objectives, and he will manage the prescription pricing bureau. Mr Nelson can be contacted on 01232 535611 or by e-mail on *nelson@csa.n-i.nhs.uk.*

Mawdsleys has appointed **Hamish MacDonald** as the operations manager of its Sheffield depot. Mr MacDonald began his career 36 years ago with Macarthys in Glasgow. He joins Mawdsleys from the pharmaceutical wholesaler Sants of Newcastle-under-Lyme.

Hamish MacDonald

Origination by Marlin Imaging, 2-4 Powerscroft Road, Sidcup, Kent. Printed by E T Heron & Co Ltd, Colchester Road, Heybridge, Maldon, Essex. Registered at the Post Office as a Newspaper 23/17/16S

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